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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057012 (2)

1. Corporation Name
SUPER STOP #207, INC.



Principal Place of Business
2880 NE 29TH STREET
FORT LAUDERDALE FL 33306

Mailing Address
~~2880 NE 29TH STREET~~
FORT LAUDERDALE FL 33306-1919

3. Date Incorporated or Qualified 07/02/1986	3a. Date of Last Report
4. FEI Number 65-0679851	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2b. Mailing Address
21 1850 W. Oakland PK Blvd. Suite, Apt #, etc.	26 1850 W. Oakland Park Blvd. Suite, Apt #, etc.
22 City & State Oakland Park FL	27 City & State Oakland Park, FL
23 Zip 33311	28 Zip 33311
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent

GURESHI, DENISE
2880 NE 29TH STREET
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name Joseph T. Evaristo
82 Street Address (P.O. Box Number is Not Acceptable) 3800 Galt Ocean Dr. #1608
83
84 City Ft. Lauderdale
85 Zip Code 33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph T. Evaristo* Pres. 1/10/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	GURESHI, DENISE	
STREET ADDRESS	2880 NE 29TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	V.P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Michael Evaristo		
1.3 STREET ADDRESS	1155 Hillsboro mile #306		
1.4 CITY-ST-ZIP	Hillsboro Beach FL 33062		
2.1 TITLE	Pres.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Joseph T. Evaristo		
2.3 STREET ADDRESS	2800 Galt ocean Dr. #1608		
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33308		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph T. Evaristo* Joseph T. Evaristo 1/10/97 (954) 484-7467
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)