1999



FLORIDA DEPARTMENT OF STÄTE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000062029**

SUPER STOP #407, INC.

Principal Place of Business

3101 N. FEDERAL HIGHWAY

#504

Mailing Address

3101 N. FEDERAL HIGHWAY

FILED Mar 19, 1999 8:00 am Secretary of State

03-19-1999 90011 037 *****8.75 03-19-1999 90011 038 ***150.00



| FI. LAUDERDALE FL 33306 FI. LAUDERDALE FL 33306 | | | | | | DO 1401 4114 | - HT 11110 | | | |
|--|--|---------------------|------------|------------|----------------------------------|-------------------------------|---------------|--------------|--------------------------|------------|
| | | | | 3. | 3. Date Incorporated or Qualifed | | | | | |
| | | | | | | 07/24/1996 | | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | ı | . 721 | 4. | FEI Number | | <u> </u> | Applied | |
| 21 6221 W. Atlant: Blvol26 6221 W. Atlantic Blvo | | | | | wa | <u>65-0750720</u> | | | Not Ap | plicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. | Certifcate of Status Desired | ₩ | | 5 Addit Requir | |
| City & State City & State | | | | | | Election Campaign Financing | | \$5.0 | 00 May | , Bo |
| 23 Margale + L 28 Margale + C | | | <u>کر</u> | | Trust Fund Contribution | | | | ed to Fe | |
| Zip Country Zip Country | | | | | 8. | This corporation owes the cur | ent year Inta | | _ | 1 |
| 24 3304 | 25 | 29 33063 30 | | | | Personal Property Tax. | | es | <u> </u> | 10 |
| | 9. Name and Address of Current | Registered Agent | | | 10. | Name and Address of New | Registered A | Agent | | |
| | | | 81 | Name | | | | | | |
| OURESHI, DENISE | | | | | | O Pay Number is Not Accept | able) | | | |
| 2104 AL EEDEDAL LIGHWAY | | | | | | P.O. Box Number is Not Accept | Blud | | | . |
| #504 | | | | | | D. HILLIANS | <u> </u> | | | |
| FT. LAUDERDALE FL 33306 | | | | | | | | | | |
| | | | | 97/ | rce | ile | FL | 85 2 | ip Code | 2 |
| At Disputable the applicance of Sections 607 0503 and 507 1508. Florida Statutes the above named compretion 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 or directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE Denise Quesh Denise Ourshi Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | _ | |
| 12 | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | | |
| TITLE | DPST | ☐ DELETE | 1.1 TITLE | | | | | <u>C</u> han | ige L | Addition |
| NAME | QURESHI, DENISE | 1.2 N | | | | | -D1 | ٥ | | 1 |
| STREET ADDRESS | 3101 N FEDERAL HWY #504 | | 1.3 STREE | TADDRESS (| しマコ | 11 W. Atlant | ic DIV | α . | | 1 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33306 | | 1.4 CITY-5 | 1.6 | $N_{\rm ex}$ | 11 W. Atlant | 3063 | | | |
| TITLE | ************************************** | | 2.1 TITLE | 1 | | 0 | | ☐ Chan | ge [| Addition |
| | | | 2.2 NAME | | | | | | | |
| NAME | | | | | | • | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY- | ST-ZIP | | | | Chan | 00 5 | Addition |
| TITLE | ☐ DELETE 3.1 TI | | | | | | | | ige į | |
| NAME | 321 | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | EET ADDRESS 3.3 S | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | Chan | ige [| ☐ Addition |
| NAME | | | 4. 2 NAME | . | | | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | | | |
| | | | 4.4 CITY-5 | | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TITLE | 21.511 | | | | ☐ Char | nge [| Addition |
| | | | 5.2 NAME | | | | | _ | • | - |
| NAME | | | | ET ADDRESS | | | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-1 | S1-ZIP | <u> </u> | | | - Char | 700 | Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | Char | ige [| Addition |
| NAME | - | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | ET ADDRESS | | | | | | ļ |

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: