FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 05 1997 8:00am

Secretary of State

Sandra B. Moltham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000073238 (3)

THE I SHOP INC.

Principal Place of Business				Mailing Address				T (40):E01 10 10/10 0/101 00/11 00/11 00/11 00/11 10/10 10/10 10/10 10/10 10/10 10/10 10/10 10/10 10/10 10/10		
15352 S.W. 72 STREET				15352 S.W. 72 STREET						
#21	~~		#21	II FL 33193-1632						
MIAMI FL 83163				MINMI 1 E GOTOS-100E				Date Incorporated or Qualified		
2. Principal Place of Business				2a. Mailing Address				4. FEt Number Applied For	\neg	
21			26	26				65-0692044 Not Applicat	ole	
Sulte, Ap	ot. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State			├n	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			28	Zip Country						
Zip 24	25		29	├─ ┐			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	- 1		
<u> </u>	9. Name and Address of Curren							10. Name and Address of New Registered Agent		
W	/ILKES, INEZ					81	Name			
€ 15352 S.W. 72 STREET # 21						82	Street Ad	Address (P.O. Box Number is Not Acceptable)	\dashv	
	IAMI FL 331									
						83				
						84	City	85 Zip Code		
· 								FL 8 2 P Code		
office o	or registered a	sions of Sections 607.0! gent, or both, in the Sta vith, and accept the obl	te of Florida	. Such change was	s authorize	d by	the corpor	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registered	au ai	
SIGNATUR	E Signature byos	id or printed name of registered i	noon and tile die	inolicable (NC	OLE: Registere	d Ane	nt signature rec	required when reinstating) DATE	-	
12.	Bigratore, type	OFFICERS A						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDE			DELETE	1.1 T	TLE		Change Addit	noi.	
NAME LLOYD HOLNESS			A			1.2 NAME				
STREET ADDRES	s 17901	NW 68 AVE	HPT Q	PT Q 303			ADDRESS			
CITY-ST-ZIP	Minm	1. FL 33015	<u> </u>	1.4 City-St-ZiP			1 - ZIP			
TITLE	VICE	PRESIDENT/S	ECRETAR	♦ ☐ DELETE	211			L Change Addit	ion i	
NAME INEZ WILKES				22 NAME						
STREET ADDRESS 18352 SW 73 St OITY-ST-ZIP MIRMI FL 2319			0 3 1 W 2 1	2 3 STREET ADDRESS			T I			
CHTY-ST-ZIP	CHY-ST-ZIP MIPMI FC 23142			DELETE	2 4 DITY-ST-ZIP DELETE 31 TITLE		SI - ZIP	Change Addii	lion	
NAME					32 N					
	STREET ADDRESS			3.3 STREET ADDRESS			ADORESS			
CITY-ST-ZIP				3.4. CITY - ST - ZIP			ì			
TITLE				DELETE		4.1 TITLE		Change Addi	lion	
NAME					4.21	NAME				
STREET ADDRES	ss				4.3 S	TREE 1	ADDRESS			
CITY - ST - ZIP					4,4 C	ITY - S	1- ZIP			
TITLE				☐ DELETE		5.1 TITLE		☐ Change ☐ Addii	tion	
NAME					5.2 N					
STREET ADDRES	SS						ADDRESS			
CITY-ST-ZIP				DELETE	5.4 C 6.1 T		ST-2(P	Change Addi	tion	
TITLE				- Decere	6.2 N					
NAME CTOTET ADDOCT							ADDRESS			
STREET ADDRES	99						AUDKESS ST. ZIP			
CITY-\$T-ZIP	ereby certify th	at the information supp	lied with this	filing does not aua	alify for the	exe	motion stat	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the		
Informa	ation I nd icated n offic er or dir	t on this annual report of	r supplement or the recein	ntal annual report is ver or trustee empo	s true and owered to	acci	trate and th	I that my signature shall have the same legal effect as if made under oath; report as required by Chapter 607, Florida Statutes; and that my name	that	