## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000019450 (0)

STOCK IT DRY, INC.

| Princ pal | Place | of | <b>Business</b> | š |
|-----------|-------|----|-----------------|---|

Mailing Address

## **FILED** Jul 29 1998 8:00am Secretary of State



| 22. Moling Address   23. Moling Address   24. Moling Address   25.   | 10950 OLIVE AVENUE<br>PEMBROKE PINES FL 33026 |   | 10950 OLIVE AVENUE<br>PEMBROKE PINES FL 330:  | 26   |   | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/01/1997 |  |  |  |
|--|---|---|---|--|---|---|--|--|--|
| Suite. Apt #, etc.    Suite. Apt #, etc.   27   27   27   27   27   28   28   29   27   28   29   28   29   29   29   29   29  |   | ace of Business   | 28. Mailing Address   |  | ·   | 4. FEL Number   | Applied For                                  |  |  |
| City & State 27 City & State 28 City & State 29 Country 20 Country 20 Country 20 20 Country 20 30 Reference on the personal process of the current registered Agent 20 20 30 Reference on the personal process of the current registered Agent 20 30 Settle Address of Current Registered Agent 20 30 Settle Address of New Registered Agent 40 10. Name and Address of New Registered 40 10. Name and Address of New Register   | 21  |   | 26  |  |   | 69-0199111  | Not Applicable                               |  |  |
| City & State    Zip  |   |   |   | <u>⊩</u>                                       |   | I a Certificate of Status Hesired   1                                     |  |  |  |
| Zip  | City & State                                  |   | City & State  | City & State                                   |   | 6. Election Campaign Financing \$5.00 May Be                              |  |  |  |
| 25   | 23  |   | ···   | · · · · · · ·                                  |   | Trust Fund Contribution   | Added to Fees                                |  |  |
| Section   Sect     | Zip   | ├¬ ´  | <u></u> ⊢   | <del></del>                                    | У   |   |  |  |  |
| 11. Pursuant to the provisions of sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the pursue of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the pursue of changing its registered office or registered agent, or both, in the State of Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  Change Addition  Addition  STREET ADDRESS  TITLE  UPD  DELETE  1.1 TITLE  1.2 STREET ADDRESS  TITLE  DISSO CUIVE AVENUE  3.3 STREET ADDRESS  ORNS LEFT ADDRESS     |   | 9. Name and Address of Cur  | rent Registered Agent   |  |   | 10. Name and Address of New Registered                                    | lgent  |  |  |
| 11. Pursuant to the provisions of sections \$07.0502 and \$07.1508, Florida Statules, 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 is mit familiar with, and accept the obligations of, section 697.0505, Florida Statules.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. ITILE  18. DELETE  19. DELETE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  29. ADDITIO | LEE.  | BARBARA ANNE  |   | 8  | Name  | · · · · · · · · · · · · · · · · · ·                                       |  |  |  |
| 11. Pursuant to the provisions of sections 507.0502 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, and accept the obligations of, section 607.0506, Florida Statutes.  SIGNATURE   Signatu     | 1095  | O OLIVE AVENUE  |   | B  | B2 Street Address (P.O. Box Number is Not Acceptable) |   |  |  |  |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the objective agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and marking with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Expression   Provided Statutes   Provided Statu   | 1 61116                                       | 3/10/12 / 1/120 / 2 00020   |   | 8  | 3   |   |  |  |  |
| 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, or horized agent, law familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Expressive of protect name of inginities depend and time it application.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD  DELETE  1.1.TITLE  PD  DELETE  1.1.TITLE  1.2. OFFICERS AND DIRECTORS IN 12.  TITLE  PB ARBARA ANNE  1.2. NAME  1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  1.3. NAME  1.3.    |   |   |   | 8  | City  |   | 85 Zip Code                                  |  |  |
| NOTE Repistered specified united in Explication (NOTE Repistered specified when reinstatting)  | 11. Pursuant office or ragent. I a            | to the provisions of sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ot | 0502 and 607.1508, Florida Statute<br>late of Florida. Such change was<br>obligations of, section 607.0505, Flo | es, the above<br>authorized b<br>orida Statute | e-named corp<br>y the corpora<br>es.                  |   | anging its registered<br>trent as registered |  |  |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE  DELETE  1.1 TITLE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  POMBROKE PINES FL 33026  1.4 CITY-ST-ZIP  PEMBROKE PINES FL 33026  1.4 CITY-ST-ZIP  PEMBROKE PINES FL 33026  1.5 STREET ADDRESS  CITY-ST-ZIP  PEMBROKE PINES FL 33026  1.6 Change Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  STITLE  DELETE  STITLE  Change  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND TO OFFICERS ADDRESS  ADDITIONS/CHANGES TO OFFICERS ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS ADDRESS  ADDITIONS/CHANGES TO OFFICERS ADDRESS  ADDITIONS/CHAN   | SIGNATURE.                                    |   |   |  |   |   |  |  |  |
| DELETE   PD  |   |   |   |  | Agent signature re                                    |   | D DIDECTORS IN 12                            |  |  |
| NAME STREET ADDRESS OLIVE AVENUE OLIVES TAILE OLIVES TAILE OLIVES TOURS OLIVE AVENUE OLIVES TOURS OLIVE AVENUE OLIVES FL 33028  OLIVES TAILE OLIVES    |   |   |   |  |   | ADDITIONS/CITANGES TO OFFICERS AIT  | <del>-</del>                                 |  |  |
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| CITY-ST-ZIP PBMBROKE PINES FL 33028  TITLE VPD   |   |   |   |  | TADDRESS  |   |  |  |  |
| DELETE   Change   Addition   | _   |   | a .   |  |   |   |  |  |  |
| NAME   LEE, EARL JOHN  |   |   |   | ~  | וויבור  |   | Change Addition                              |  |  |
| 10050 OLIVE AVENUE   29 STREET ADDRESS   24 CITY-ST-ZIP   29 STREET ADDRESS   24 CITY-ST-ZIP   29 STREET ADDRESS   24 CITY-ST-ZIP   3.1 TITLE   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   3.5 STREET ADDRESS   3.5 STREET ADDRE     |   |   | Secere  |  |   | L   | Change ( Addition                            |  |  |
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| NAME   | TITLE   |   | Delete  |  | 11-211  |   | Change Addding                               |  |  |
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| A CITY-ST-ZIP  |   |   |   |  |   |   |  |  |  |
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| NAME 6.2 NAME 6.2 NAME   |   |   | <u> </u>  |  | H-ZIP   |   | 7  |  |  |
| ALCTORY ADDRESS  | 1   |   | L_J DELETE  | 2  |   | ι   | Change Addition                              |  |  |
| 6.3 STREET ADDRESS   |   |   |   |  |   |   | $\mathcal{L}_{\epsilon}$                     |  |  |
| OUTVOT TID   | STREET ADDRESS                                |   |   |  | i   |   | 1.29   |  |  |

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 changes, or on an attachment with an address.

SIGNATURE:

954-437-1070

PfJ

Jowhom It May Conten,
Included the enclosed annual report marked "and notice" & promptly Called 850-488-9000, Jadvisad them that I stand my business in 1997 & wanted to know why it said "and notice" They advised me at 850-487-6056 Ext 3 that I should have received A "15t notice" in January 1998. Since I hadn't veceived A 15t notice, they Adv. me to enclose a note with A pymt. of 15000 & mail to you which I did the sameday I called 7/11/98 Thank You,

Barbara Rel Stock I+ DRY, INC. 954-437-1070