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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Mar 10 1998 8:00am

	JAL REPORT 1998	· /3	ary of State CORPORATIONS	Secretary	of State
	MENT # P9700 RY SHOPPER, U.S.A., INC)0034583 (9)):)		5
Principal Place	e of Business	Mailing Address		- I INNICERI KAR INNK ARAKI KAKA MUNIH ONDIN DON	DD BLUGG MYNDA EALDA 1850N 1516 6001
·		369 INTERSTATE BLVD		1	
SARASOTA FL 34240		SARASOTA FL 34240		1	
				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address		04/16/1997 4. FEI Number	Applied For
z. runciparra	Idea of Business	26. Walling Address		65-074277	O Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.			\$8.75 Additional
22		27)		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zib	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
HIN	ies, Charles D		81 Name		Į.
1001 AVENIDA DEL CIRCO			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
VEI	NICE FL 34285				
			83		
			84 City		85 Zip Code
	·				┝▐▃▕▗▎▗
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statu In of Florida, Such change was	ites, the above-named corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent I ar	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE .				rod when reinstating) DA	
12.	Signature, typed or printed name of registured as OFFICERS At	ND DIRECTORS	TE Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DPT	DELETE	1.1 TITLE	Abbinono/onAndeo (o on locino	Change Addition
NAME	REES, JUDSON G	<u>-</u>	1.2 NAME		
STREET ADDRESS	4020 CROCKERS LAKE BLV	'n	1.3 STREET ADDRESS		i,
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-ST-ZIP		
TITLE	DVS	DELETE	2.1 TillE		☐ Change ☐ Addition
NAME	REES, DIANE	 ,	2.2 NAME		
STREET ADDRESS	4020 CROCKERS LAKE BLV	Th.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238	•	2. 4 CITY-ST-ZIP		ł
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		ĺ
STREET ADDRESS			3.3 STREET ADDRESS		ł
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ſ
STREET ADDRESS			4.3 STREET ADDRESS		ł
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DEL€TE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		į
CITY-ST-ZIP	- 34 - 6 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		6.4 CHY-ST-ZIP	0	
14. I hereby c indicated	ertity that the information supplied i on this annual report or supplement	with this filing does not qualify: tal annual report is trife and ac	ror the exemption stated in curate and that my signatu	Section 119.07(3)(i), Florida Statutes. I furtheure shall have the same legal effect as if made	er certify that the information e under oath; that I am an
officer or o	director of the corporation of the rec	ceiver or trustee empower d to	execute this report as req	ire shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and the	hat my name appears in

10 MES 2 DAUT 3/3/98 941-10 OFFICER OR DIRECTOR DAYSTORD DAYSTORD PROPER OR 0457023