

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90032 001 \*\*\*150.00

DOCUMENT # P97000034583

1. Corporation Name

MYSTERY SHOPPER, U.S.A., INC.

Principal Place of Business

369 INTERSTATE BLVD  
SARASOTA FL 34240

Mailing Address

369 INTERSTATE BLVD  
SARASOTA FL 34240

2. Principal Place of Business

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HINES, CHARLES D  
1001 AVENIDA DEL CIRCO  
VENICE FL 34285

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

65-0742970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DPT  
NAME REES, JUDSON G  
STREET ADDRESS 4020 CROCKERS LAKE BLVD  
CITY-ST-ZIP SARASOTA FL 34238

TITLE DVS  
NAME REES, DIANE  
STREET ADDRESS 4020 CROCKERS LAKE BLVD  
CITY-ST-ZIP SARASOTA FL 34238

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 8945 WILD DUNES DRIVE  
1.4 CITY-ST-ZIP SARASOTA, FL 34241

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 8945 WILD DUNES DRIVE  
2.4 CITY-ST-ZIP SARASOTA, FL 34241

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 941-377-5611  
Date Daytime Phone #

CR2E034 (11/98)