

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90065 045 ***150.00

DOCUMENT # P97000036045

1. Corporation Name
SHOP ON WHEELS, INC.

Principal Place of Business
5989 COY GLEN WAY
LAKE WORTH FL 33463
US

Mailing Address
5989 COY GLEN WAY
LAKE WORTH FL 33463
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0747902

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

2. Principal Place of Business

21 2032 Major Drive

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach, FL

Zip

24 33415

Country

25 PALM BEACH

2a. Mailing Address

26 P.O. Box 540115

Suite, Apt. #, etc.

27

City & State

28 LAKE WORTH, FL

Zip

29 33454

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

MAHON, DAVID D
5989 COY GLEN WAY
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

MAHON, DAVID D.

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

2032 MAJOR DRIVE

83

84 City

West Palm Beach

85

Zip Code

33415

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

DAVID D. MAHON (PRESIDENT)

3-1-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MAHON, DAVE
STREET ADDRESS 5989 COY GLEN WAY
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE S ☐ DELETE
NAME BONFAGLAO, MARC
STREET ADDRESS 515 NORTH FEDERAL HWY
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

DAVID D. MAHON (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

561-308-3025

Daytime Phone #

CR2E034 (11/98)

0355084