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

CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000066141 (7)

**FILED** May 08 1998 8:00am Secretary of State

TUBS R US, INC.				I INCHES IN SUM CAN BOTH COM SOME SOME SOME SOME SOME SOME SOME SO
Principal Plac	e of Business	Mailing Address		1 1821:401 110 18111 1801: OBIII OBIII BEIN OBIIN DIIIN DIIIN DIIIN 1101 1101 1101 1101 1101
1316 AVON LANE 1316 AVON LANE				
SUITE 715 SUITE 715 NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL			20000	DO NOT WRITE IN THIS SPACE
HOME SHOULDNEL TE SHOW			<b>53000</b>	3. Date Incorporated or Qualified
				07/31/1997
2. Principal Place of Business 2s. Mailing Address				4. FEI Number Applied For
21 26			0504 + 1450 Not Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
		27		/ Fee Hequired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution Added to Fees
24	25	29 30	~ ·	8. This corporation owes or has paid the current year numgible Personal Property Tax due June 30. Yes No
16-7	g, Name and Address of Currer		<u> </u>	10. Name and Address of New Registered Agent
AMEDIA AVAVED CHARTEDED				
	343 ALMERIA AVENUE		82 Street Addre	L S. PITTER  ess (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			744	7 NORTH WEST 57TH STREET
			83	
			84 City	85 Zip Code
	_		TAM/	ARAC
11. Pursuant to the provisions of Sogrions 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.				
agent. I am amiliar with, and socion the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE LPACE SILLER LAKE SITTESC 11711978				
	Signature, typed or printed name of registered age		Registered Agent signature require	
12.	PTD OFFICERS AIN	DELETE DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	FLORES, NELSON A		1.2 NAME	
STREET ADDRESS	1316 AVON LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 3	3068	14 CITY-ST-ZIP	
TITLE	8VD	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLORES, CARLA D		2.2 NAME	
STREET ADDRESS	1316 AVON LANE	l l	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 3	3068	2. 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	1		3.2 NAME	}
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4. DITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ļ	:	4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		-	4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	LI Change LJ Addition
NAME	J		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	Change Addition
TITLE	ĺ	[] retric	6.1 TITLE	Change 12 Rounton
NAME CORET ADDOCCC	<u> </u>		6.2 NAME	
STREET ADDRESS	1		6.3 STREET ADDRESS	
14. I hereby	Leftily that the information supplied w	vith this filing does not qualify for	6.4 City-St-ZiP the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplied with riss limit does not quality for the exemption stated in Section 1.19.0/(3)(i), Fronda Statutes. Further certify that the information indicated on this annual report is runder 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.