PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000075925

1. Corporation Name

STORESEARCH, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90028 045 ***150.00

0101120	ZATOTI, IIIO						
Principal Plac	e of Business	Mailing Add	ress	-		* 18811891 149 18411 (1814 SBILL SBI	
141 - 5TH ST., NW, SUITE 300 141 - 5TH ST., NW, SUITE 30 WINTER HAVEN FL 33881 WINTER HAVEN FL 33881				00			
						DO NOT WRITE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE	
	•					3. Date Incorporated or Qualified 08/29/1997	
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number Applied For	
21		26				59-3468009 Not Applicable	
Suite, Apt. #, etc. Suite, Apt.			pt. #, etc.			5. Certificate of Status Desired	
22 27 City & State City & State			itate			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip				Country		8. This corporation owes the current year intangible	
24	25	29	3	0		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curren	1,57.		T		10. Name and Address of New Registered Agent	
				81	Name	ne	
WILS	son, Kerry M			<u></u>	<u></u>	at 1 d d and (D O Day Murchas in Not Accompatible)	
141 - 5TH ST., NW, SUITE 300				82	Street	et Address (P.O. Box Number is Not Acceptable)	
WIN	TER HAVEN FL 33881			83		. ,	
				_			
				84	City	FL 85 Zip Code	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such of tions of, Section	change was auti 607.0505, Fłorid	norized by la Statutes	tne corp	ed corporation submits this statement for the purpose of changing its registered provided of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered ager		(NOTE: R	egistered Age	nt signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	D OFFICERS AN	ID DIRECTORS	DELETE	1.1 RTLE		Change Addition	
TITLE	WILSON, KERRY M		C. DEFET	1.2 NAME			
NAME	141 - 5TH ST., NW, SUITE 300			1.3 STREE	r abdocés	00	
STREET ADDRESS	WINTER HAVEN FL 33881	,		1		35	
CITY-ST-ZIP	WINIER HAVEN FL 33001		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	☐ Change ☐ Addition	
TITLE	Tresident Cal		C DEFECT				
NAME	William H. Sanda	1.70		2.2 NAME			
STREET ADDRESS	\$05 Ave A MU Sa	14 33881		2.3 STREE		55	
CITY-ST-ZIP	uniter fewer, F	<u> </u>	DELETE	2.4 CITY-5 3.1 TITLE	iT-ZIP	Change Addition	
TITLE							
NAME	1			3.2 NAME	T ADDOCO!	ec	
STREET ADDRESS				3.3 STREE		JO	
CITY-ST-ZIP			□ DELÉTE	3.4. CITY-1	1-ZP	☐ Change ☐ Addition	
TITLE				4.1 ((LE			
NAME					T ADDDCC'	ce	
STREET ADDRESS	1			4.3 STREE		~	
CITY-ST-ZIP			DELETE	5.1 TITLE	1-211	. Change Addition	
TITLE				5.2 NAME		,	
NAME				5.3 STREE	TADDRESS	ss	
STREET ADDRESS				5.4 CITY- S			
CITY-ST-ZIP TITLE	 		OELETE	6.1 TITLE		☐ Change ☐ Addition	
				6.2 NAME			
NAME OTDEET ADDRESS					T ADDRESS	ss	
NAME STREET ADDRESS CITY-ST-ZIP						ss	

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 accurrice 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 improvered 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 empoweded.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

3/8/99 9412**9**5-9499

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