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PROFIT CORPORATION ANNUAL REPORT

Block 12 or Block 13 if changed, or on ap



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name

P97000079000 (0)

PLANET GOODSTUFF OF CENTRAL FLORIDA, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1702 E. STH AVENUE 1702 E. 5TH AVENUE TAMPA FL 33605 TAMPA FL 33605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For OCIANOO Not Applicable Suite, Apl t, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Žφ Country This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WEINSTEIN, IRA ESQ. 3902 HENDERSON BLVD. 82 Street Addr Box Number is Not Acceptable) SUITE 200 83 **TAMPA FL 33609** 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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 pionted name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE ☐ Change TITLE Lazzara, nelson d NAME 1.2 NAME CR2E034 1702 E. 5TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33605** 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE D, T, S, Lazzara, audrey 2.1 TITLE NAME 2.2 NAME 1702 E. 5TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33605** CITY-ST-ZIP 2.4 CITY-ST-ZIP Joseph A Gonzalez DELETE DILE 3 1 TITLE Change Addition 3.2 NAME NAME 1702 E. Stu Ave STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 supplementar 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 re-deliver or trustee conformation to the re-deliver or trustee conformation to the re-deliver of trustee conformation that my name appears in Block 12 or Block 13 if changed, or on any flackment with paradicess.