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

DOCUMENT # **P97000080379**1. Corporation Name

SUPER STOP #811, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90079 008 ***158.75



						- 4		IBIIF BAIGH IX	
Principal Place of Business Mailing Address						1.55.154.176.57.175.176.176			
3101 N FEDERAL HWY. #504 3101 N FEDERAL HWY. #504									
FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306						DO NOT W	DO NOT WRITE IN THIS SPACE		
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						09/16/1997	•		
2 Original Di	ace of Business	2a, Mailing Address				4. FEI Number			Applied For
2. Principal Pi	1 Act 1 - 7 1-1	26 6221 W. F	41.	1-7	DLL	65-0780730			Not Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			\$8.75 Additional				
	#, etc.	27				5. Certificate of Status Desired Fee Required			
.City.& State		City & State						\$5·00	0 May Be
	28 Nargale	soole Fl			Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country			8. This corporation owes the current year Intangible				
¥330	,	29 3 3063	30	•		Personal Property Tax.		Yes	□No
(4) <i>U U U</i>	9. Name and Address of Current		100]			10. Name and Address of Nev	Registered	Agent	
				81 Na	me				
Qureshi, denise						(D.O. Baraharia Nat Assa			
3101 N FEDERAL HWY, #504					reet Addre	ess (P.O. Box Number is Not Acce	R Jud		
FORT LAUDERDALE FL 33306					==	V. ITTEL	D (004	·	
				oxdot					
				84 Cit	^b /		FL	85 -3 P	Code
44 Purcuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statu	tes the a	l l bove-nar	med corpo	pration submits this statement for the	ne numose of	changing i	ts registered
office or p	egistered agent, or both, in the State of	Florida. Such change was a	authorized	by the c	corporation	n's board of directors. I hereby acc	ept the appoir	ntment as r	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes						-	4-	27-99	•
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered	CSh.	Les Ces	when reinstating)	DATE		 [
12.	OFFICERS AND		13.		·	ADDITIONS/CHANGES TO C	FFICERS AN	ID DIRECT	ORS IN 12
TITLE	DPST	☐ DELETE	1.1 TI	TLE				Change	e
NAME	QURESHI, DENISE A		1.2 N	AME		•			
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NAME			3.2 N						
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NAME			6.2 N/						Ì
STREET ADDRESS			6.3 \$1	TREET ADDS	RESS				

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: