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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700084898 (0) STORE 18, INC.					
JOINE	10, 1110.			T IRREFER ING HOUSE HOUSE BOTH ONNY ROUND FAIRS HEID	81881 18111 18181 1818 1881
Principal Place	o of Business	Mailing Address			
Principal Place of Business \$14 ALEXANDRA WOODS		314 ALEXANDRA WOODS	0		
DEBARY FL 32713		DEBARY FL 32713	•		
				DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	SPACE
				09/29/1997	
2. Principal P	lace of Business	2a. Mailing Address	····	4. FEI Number	Applied For
21		26		62-1716710	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
23	o	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25	29	30	Personal Property Tax due June 30.	Yes No
···-	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
	HEED, AAMIR		81 Name		
314 ALEXANDRA WOODS			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DEBARY FL 32713			83		
			84 City	FL	85 Zip Code
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 egent, or both write state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am figurity with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. La			orida Statutes.	andit's board of directors. Thereby accept the app	ontrient as registered
SIGNATURE		TARIR MAHEZO	SECRETARY IF Registered Agent signature required.	04/29	1/98
12.	Signature hypica or printed name of registered a OFFICERS A	ND DRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	WAHEED, AAMIR		1.2 NAME		
STREET ADDRESS	\$14 ALEXANDRA WOODS		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713	Document	1.4 CITY - S1 - 7IP		
TITLE	DON'S ON THE O	DELETE	2.1 TITLE		Change Addition
NAME CONTEX ADDRESS	ROKH, SHAWN C 314 ALEXANDRA WOODS		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	DEBARY FL 32713		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TOTLE 7		Change Addition
NAME	WAHEED, TARIQ		3.2 NAME	Juheed, Tariq 200 Greenbrian Rd. Apt. 2011 Aniston, AL 362	•
STREET ADDRESS	5013 EAST 13TH COURT		3.3 STREET ADDRESS /7	100 Greenbrian Rd. Apt.	#608
CITY-ST-ZiP	PANAMA CITY FL 32404		3 4. CITY-ST-ZIP	nniston, AL 362	97
TITLE		DELETE			Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME		La paccia	5.2 NAME		— 21.20.fg
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed for an an attachment with an address.

6.4 CITY-ST-ZIP