

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

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000088371 (4)**  
 Corporation Name  
**SUPER STOP INC.**



Principal Place of Business <del>AMOCO</del> 18398 S DIXIE HWY. MIAMI FL 33157	Mailing Address <del>AMOCO</del> 18398 S DIXIE HWY. MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12701 S.W. 268 ST Suite, Apt. #, etc.	2a. Mailing Address 26 12701 S.W. 268 ST Suite, Apt. #, etc.
22 HOMESTEAD FL City & State	27 HOMESTEAD FL City & State
23 Zip 33032 Country MIAMI-DAD 25	28 Zip 33032 Country MIAMI-DAD 30

3. Date Incorporated or Qualified 10/14/1997	4. FEI Number 65-0789636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**DORMOY, CLAUDE P**  
~~AMOCO~~  
 18398 S DIXIE HWY.  
 MIAMI FL 33157

10. Name and Address of New Registered Agent  
 81 Name **DORMOY CLAUDE P.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**12701 S.W. 268 ST**  
 83  
 84 City **HOMESTEAD** FL 85 Zip Code **33032**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<del>PSTD</del>	<input type="checkbox"/>
NAME	<del>DORMOY, CLAUDE P.</del>	
STREET ADDRESS	<del>18398 S DIXIE HWY.</del>	
CITY-ST-ZIP	<del>MIAMI FL 33157</del>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PSTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DORMOY, CLAUDE P.		
1.3 STREET ADDRESS	12701 S.W. 268 ST		
1.4 CITY-ST-ZIP	HOMESTEAD FL 33032		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: *[Signature]* 2/16/98

CR2E034 (10/97)