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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089219

Principal Place of Business	Mailing Add
2121 W ATLANTIC AVE	2121 W ATL

FILED Feb 22, 1999 8:00 am **Secretary of State**

02-22-1999 90124 029 ***150.00

STOP N GO INC. OF ATLANTIC AVE. lress ANTIC AVE DELRAY AVE FL-33344 DELRAY AVE FL-93344 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/16/<u>19</u>97 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0787398 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PLease correction BEGUM, HAFIZA The ZIP COD= 33445 82 Street Address (P.O. Box Number is Not Acceptable) 2121 W ATLANTIC AVE IN YOUR RECOSD OF DELRAY AVE FL-33344-83 84 City 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 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 11 TITLE TITLE 1.2 NAME NAME BEGUM, HAFIZA 2121 W ATLANTIC AVE 1.3 STREET ADDRESS STREET ADDRESS **DELRAY AVE FL 33344** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY- ST- ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP [Change ☐ Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

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.

CR2E034 (11/98)