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 # P98000041505

STORESEARCH LICENSING, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90028 042 ***150.00



Principal Place of Business Mailing Address						
505 AVE. A., N.W., STE, 307		505 AVE. A., N.W., STE. 307				
WINTER HAVEN	FL 33881	WINTER HAVEN FL 33881			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 05/05/1998	
2 Principal Pl	aco of Business	2a. Mailing Address			4./FEI Number Applied For	亅
2. Principal Place of Business		26			√ 593509177 Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	7
22		27			5. Certifcate of Status Desired	╛
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	7
24	25	29 30			Personal Property Tax. Yes No	_
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	4
			81	Name		
Sands, William H 505 ave. A., N.W., Ste. 307 Winter Haven Fl 33881			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	7
			83			7
			84	City	FL 85 Zip Code	7
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autho	nzed by	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	istered Age	nt signature requ	juired when reinstating) DATE	}
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	n
NAME	SANDS, WILLIAM H		1.2 NAME			- [
STREET ADDRESS	505 AVE. A., N.W., STE. 307		1.3 STREE	ADDRESS		-
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-S	T-ZIP		\perp
TITLE		☐ DELETE	2.1 TITLE	1	☐ Change ☐ Additio	"
NAME			2.2 NAME		,	Į
STREET ADDRESS	•		2 3 STREE	ADDRESS		ĺ
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP	☐ Change ☐ Additio	\exists
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NAME.			32 NAME		•	Ì
STREET ADDRESS			3.3 STREE			
CITY-ST-ZIP		DELETE	3.4. CITY-5 4.1 TITLE	31-ZIP	☐ Change ☐ Additio	긁
TITLE		C) oracio	4.2 NAME		- -	
NAME		3		TADORESS		-{
STREET ADDRESS			4.4 CITY-S	ì	·	1
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-211	. ☐ Change ☐ Additio	m
NAME	l		5.2 NAME		•	
STREET ADDRESS			5.3 STREE	T ADDRESS		- (
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	· ,	_]
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio	'n
NAME		Ï	6.2 NAME	Ì)
STREET ADDRESS			6.3 STREE	TADORESS		
CITY-ST-ZIP	·		6.4 CITY-S			لــ
14 I bereby o	certify that the information supplied with	n this filing does not qualify for the	exempt	ion stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under path; that I am an	

empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in indicated on this annual report or supplemental aimful 1900 officer or director of the corporation or the receiver or fuste Block 12 or Block 13 if changed, or on an attachine with

SIGNATURE: