

02-09-1999-90035-023-\$158.75-\$158.75

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

FILED

Feb 09, 1999 8:00 am
Secretary of State

02-09-1999 90035 023 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000075739

1. Corporation Name
IVES MART, INC.

Principal Place of Business 1150 E. HALLANDALE BCH BLVD., SUITE A HALLANDALE FL 33009	Mailing Address 1150 E. HALLANDALE BCH BLVD., SUITE A HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1998		Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 65-0864622		5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent OSHINSKY, LEONARD 1150 E. HALLANDALE BCH BLVD., SUITE A HALLANDALE FL 33009		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D SHEHADEH, ABDEL K 5324 NW 60TH DR. CORAL SPRINGS FL 33067		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. NAME		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. NAME		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. NAME		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. NAME		7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. NAME		8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. NAME		9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME		10.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. NAME		11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. NAME		12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 as an attachment with an address with all other like empowered.

SIGNATURE:  REQUIREDDate: Jan 20, 1999 (99) 610-1972
Day/Even Phone #

CR2E034 (1/98)