FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S65133** **(8)**

1. Corporate Name
NON-STOP PROP SHOP, INC.

Principal Place of Business
1800 BAY ROAD
MIAMI BEACH FL 33139
US

Mailing Address
1800 BAY ROAD
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1991
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22 — 27
City & State — 23 — 28
24 — 25 — 29 — 30

4. FEI Number: 65-0278195 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. The corporation has elected to be governed by Section 607.0832 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
GUNTER, THEODORA
1800 BAY ROAD
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name: SHERRI BATES
82 Street Address (P.O. Box Number is Not Acceptable): 1800 BAY RD
83: MIAMI BEACH
84 City: MIAMI BEACH FL 85: 33139

11. Pursuant to the provisions of Sections 607.0501 and 607.0505 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 hereby agree to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE: S Bates — 4-28-95

12. OFFICERS AND DIRECTORS

TYPE	P
NAME	GUNTER, THEODORA N
STREET ADDRESS	1800 BAY ROAD
CITY, ST, ZIP	MIAMI BEACH FL
TYPE	D
NAME	OLMAN, RONALD J.
STREET ADDRESS	560 WEST 49TH STREET
CITY, ST, ZIP	MIAMI BEACH FL
TYPE	D
NAME	BATES, SHERRI L.
STREET ADDRESS	1200 EVELID AVENUE, #111
CITY, ST, ZIP	MIAMI BEACH FL
TYPE	D
NAME	OLMAN, MONICA
STREET ADDRESS	560 WEST 49TH STREET
CITY, ST, ZIP	MIAMI BEACH FL
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE	DIRECTOR [X] Change [ ] Addition
NAME	SAME
STREET ADDRESS	SAME
CITY, ST, ZIP	SAME
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	PRESIDENT [X] Change [ ] Addition
NAME	SAME
STREET ADDRESS	1800 BAY RD
CITY, ST, ZIP	MIAMI BEACH FL 33139
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TYPE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is attached with an address.

SIGNATURE: S Bates — 4-28-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0148052 CP