PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S65133

NON-STOP PROP SHOP, INC.

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

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90077 042 ***150.00



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1800 BAY ROA	ND .	1800 BAY ROAD			1		
MIAMI BEACH		MIAMI BEACH FL 33139				00465	
US	s * *	US			DO NOT WRITE IN THIS	SPACE	
,					3. Date incorporated or Qualifed		}
					07/10/1991		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	⊢ +−	oplied For
21		26			65-0278 195		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional
22		27				Fee R	equired
City & Stat		City & State			6. Election Campaign Financing		May Be
23	المنا يمورو المستطي	28	·		Trust Fund Contribution		to Fees
Zip	Country	Zip	~	untry	8. This corporation owes the current year Int	_	
24	. 25	29	30	,	Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		-	10. Name and Address of New Registered	Agent	
A1 A1	NORTH SCOTT			81 Name			į
	NORTH, SCOTT			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	MLER ST						
HOL	LYWOOD FL 33020			83	-		Į
• • •	**************************************			84 City	<u>`</u>	95 7in	Code
the state of				1) -	FL	. -	j
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the a	bove-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its	registered
office or r	egistered agent, or both, in the Stat on familiar with, and accept the oblic	e of Florida. Such change was	authorize: orida Stat	d by the corporation	on's board of directors. I hereby accept the appoi	ntment as re	gistered
		4/2/)/m	10	Cario	Monice Olman Pro	6 4	119 199
SIGNATURE	Signature, typed or printed name of registered as			Agent signature required	d when reinstating) DATE	<u>· </u>	 -'/
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE	1.1 17	TLE		☐ Change	☐ Addition
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STREET ADDRESS	560 WEST 49TH STREET		1.3 5	TREET ADDRESS			` }
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	,	DELETE	2.1 TJ	TLE .		Change	Addition
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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 13 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #