FILE NOW: FILING FEE AFTER MAY 1 IS $5.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S99908** **(3)**

1. Corporation Name
EMPLOYEE SHOPPING CLUB, INC.

Principal Place of Business
P.O. BOX 490108
FT. LAUDERDALE FL 33349

Mailing Address
P.O. BOX 490108
FT. LAUDERDALE FL 33349

3. Date Incorporated or Qualified: **12/12/1991**
3a. Date of Last Report: **04/24/1995**

4. FEI Number: **65-0310181** — 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 291 SE 1ST TERR.
22 Suite, Apt. #, etc.
23 City & State: DEERFIELD BCH, FL
24 Zip: 33441
25 Country: USA

2a. Mailing Address
26 291 SE 1ST TERR
27 Suite, Apt. #, etc.
28 City & State: DEERFIELD BCH, FL
29 Zip: 33441
30 Country: USA

9. Name and Address of Current Registered Agent
LEWIS, RICKY
1192 NW 40TH AVE
APT #208
FT. LAUDERDALE FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 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: Signature of or printed name of registered agent and title if applicable — (NOTE: Registered agent signature required when remaining) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEWIS, RICKY	
STREET ADDRESS	1192 NW 40TH AVE APT #208	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	☐ DELETE
NAME	ROBINSON, DALE	
STREET ADDRESS	531 PENNSYLVANIA AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	☐ DELETE
NAME	BROWN, KEITH	
STREET ADDRESS	221 S.W. 28TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	☐ DELETE
NAME	SPAN, KEITH	
STREET ADDRESS	2760 SOMERSET LAKES S211	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☑ Change ☐ Addition
NAME	SPAN, KEITH	
STREET ADDRESS	4750 NW 20 CT	
CITY-ST-ZIP	LAUDERHILL, FL.	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do 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 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.

SIGNATURE: Ricky D. Lewis — RICKY D. LEWIS — 4/22/96 — (954) 480-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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