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

FILED May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)V69366 GATOR TRUCK STOP, INC. Principal Place of Business Mailing Address C/O DAVID FELDMAN C/O DAVID FELDMAN 407 LINCOLN RD. #701 407 LINCOLN RD. #701 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 10/07/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0362068 Not Applicable 21 26 Suite, Apt #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution \Box Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes ☐ No 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELDMAN, DAVID 407 LINCOLN RD. #701 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 84 City Zip Code 85 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPST DELETE TITLE 11 TITLE Change ☐ Addition KASSAB, DAVID NAME 12 NAME **CR2E034** 9801 COLLINS AVE APT 85 1.3 STREET ADDRESS STREET ADDRESS BAL HARBOUR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-21P 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

or Drey

14. Thereby 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 on an appear in the receiver of trustee appears in the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 appear of the receiver of trustee of trustee of the receiver of trustee of trustee of trustee of trustee of trustee of trustee of t