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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000032753
4 Corporation Name	

MULTITRADE ATLANTIC DEVELOPMENT, INC.

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90130 043 ***150.00

Principal Place	e of Business	Mailing Address			
4 SUTTON COU		4 SUTTON COURT			
PALM COAST F	L 32164	PALM COAST FL 32164		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				04/15/1996	}
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	1000 0, 200000	26		59-3376452	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		- 6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Curr	ent Registered Agent	941 11 19	10. Name and Address of New Registere	d Agent
	TAC WEDNED H		81 Name	ORG R. CONTAG	
	TAG, WERNER H		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	ITTON COURT		4	SUTTON LOURT	
PALI	M COAST FL 32164		83		
			84 City		L 85 Zip Code, 32164
			84 City PAL	M COAST F	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes		oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent, l a	m familiar with, and accept the opti	gations of Section 607.0505, Florid	la Statutes.		
SIGNATURE	Mul.	LOUNG M.			4 14,99
010111110112	Signature, typed or printed name of segistered a	<u> </u>	legistered Agent signature require		AND DIDECTORS IN 42
12.	, . 	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D	(#) DELESE	1.1 TITLE		
NAME	CONTAG, WERNER H		1.2 NAME		
STREET ADDRESS	4 SUTTON COURT	DECEASED	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	D - P	C) DEFEIG			
NAME	CONTAG, MIRIAM OSMARA		22 NAME		}
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D ~ V P	C1 DEFENS	3.1 TITLE	•	,
NAME	CONTAG, GEORG R 4 SUTTON COURT		3.2 NAME 3.3 STREET ADDRESS		;
I PERFECT ADDRESS	: // SICILIBALI IIIIMI		= 3.3 STREET AUTORESS I		
STREET ADDRESS					
CITY-ST-ZIP	PALM COAST FL 32164	□ ne: ete	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE		☐ OELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	PALM COAST FL 32164	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS	PALM COAST FL 32164	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: