PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

1

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90080 038 \*\*\*158.75

## DOCUMENT # P98000076955 1. Corporation Name

OLSO TF	RADING COMPANY, INC.					
Principal Place	of Business	Mailing Address			1 18011801 (10 18:40 (8:11 00))	
P.O. BOX 350107 P.O. BOX 350107 PALM COAST FL 32135-0107					DO NOT WRITE IN THIS SPACE	· 
	•				3. Date incorporated or Qualifed	
2. Principal Place of Business 2a. Mailing Address					08/31/1998	Applied For
2. Frincipal Place of Business 28.				54-3530098	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u></u>	La Cardinata of Chable Decired IVI	75 Additional	
27			. <u></u>	<u> </u>	e Required	
City & State	0 <u>,</u>	City & State		<u> </u>		.00.May Be
23	Country	28	Countr		8. This corporation owes the current year Intangible	
Zip .	25	29 3		•	Personal Property Tax.	
-	9. Name and Address of Curren				10. Name and Address of New Registered Agent	
	•		81	Name		}
DUNCAN, DONALD W 25 FLORIDA PARK DR. NORTH			82	Street Addre	ass (P.O. Box Number is Not Acceptable)	
PALI	M COAST FL 32137		B3			
			84	1	FL 85	Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	the above	e-named corpo	pration submits this statement for the purpose of changing	ng its registered
office or r agent, I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by la Statute	the corporations.	pration submits this statement for the purpose of changinn's board of directors. I hereby accept the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered ager	INDIE: E		int signature required	unten mineration) DATE	=
1			AND THE PERSON AND THE		when retaining)	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
12.	OFFICERS AN	ID DIRECTORS				CTORS IN 12
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

EMATURE REQUIREDOLEG I SOKOLOV 03/12/99