FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 355136 (3)

1. Corporation Name
EXPORTS, INC.

Principal Place of Business	Mailing Address
916 AVENUE "E" RIVIERA BEACH FL 33404	916 AVENUE "E" RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/10/1969
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1357104 ☐ 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

9. Name and Address of Current Registered Agent

KELLER, MICHAEL
4741 HOLLY DR
PALM BEACH GARDENS FL 33410

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KELLAR, KENNETH L.	12 NAME	
STREET ADDRESS	180 - 16TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	BLAINE WA	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	KELLAR, MICHAEL	22 NAME	
STREET ADDRESS	4741 HOLLY DR	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	DELETE XX Change ☐ Addition
NAME	CUSHMAN, JEFFREY	32 NAME	DELETE - No longer an officer
STREET ADDRESS	8076 KAYAK WAY	33 STREET ADDRESS	DELETE or director.
CITY-ST-ZIP	BLAINE WA	34 CITY-ST-ZIP	DELETE
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, LOIS	42 NAME	
STREET ADDRESS	8035 ANDREASON PL ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	CUSTER WA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Lois Schmidt Secretary-Treasurer 01-17-95 360-332-5239
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0244223 CP