

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 355136 (3)

1. Corporation Name
EXPORTS, INC.



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

Mailing Address
916 AVENUE "E"
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified 11/10/1969	3a. Date of Last Report 04/26/1995
4. FEI Number 59-1357104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Signature, type or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	KELLAR, KENNETH L.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	180 - 16TH ST.	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	BLAINE WA	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	VPO	3.1 TITLE	3.2 NAME
NAME	KELLAR, MICHAEL	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	4741 HOLLY DR	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	PALM BCH GRDNS FL	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	STD	5.1 TITLE	5.2 NAME
NAME	SCHMIDT, LOIS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	8035 ANDREASON PL ROAD	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	CUSTER WA	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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:

Linda Nicon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer 2/15/96

Date 360-332-5239

CR2E034 (12/95)