

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90171 014 ***150.00

DOCUMENT # 384264

1. Corporation Name
FLORITRADE INC.

Principal Place of Business
**1114 W. CARMEN ST.
TAMPA FL 33606**

Mailing Address
**P.O. BOX 18243
TAMPA FL 33679**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1971

4. FEI Number

59-1357032

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**LANDIS, MARTIN L
203 S. LINCOLN AVE.
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name **LANDIS, MARTINE L.**

82 Street Address (P.O. Box Number is Not Acceptable)

203 S. LINCOLN AVE

83

84 City

TAMPA

85

Zip Code

FL 33609

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

Martine L. Landis
Signature, typed or printed name of registered agent and date if applicable.

MARTINE L. LANDIS SECRETARY

4-30-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S**
LANDIS, MARTINE L
STREET ADDRESS **203 S. LINCOLN AVENUE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ DELETE

NAME **VP**
LANDIS, ROBERT E
STREET ADDRESS **203 S. LINCOLN AVE.**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ DELETE

NAME **T**
BRUNEL, ALEXANDRA B
STREET ADDRESS **2080 ONETA COURT**
CITY-ST-ZIP **PINE HILLS FL 32818**

TITLE ☐ DELETE

NAME **D**
KOO, FLORENCE
STREET ADDRESS **1084 KENSINGTON DR**
CITY-ST-ZIP **ROSEVILLE CA 95661**

TITLE ☐ DELETE

NAME **P**
LANDIS, MARGARET A
STREET ADDRESS **509 YALE AVENUE**
CITY-ST-ZIP **SWARTHMORE PA 19081**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

Martine L. Landis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTINE L. LANDIS SECRETARY

4-30-99

Date

Daytime Phone #

CR2E034 (1/98)

0403531