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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State 4

Secretary of State * • • DIVISION OF CORPORATIONS

DOCUMENT # 398740 (1)

FILED
Mar 14 1997 8:00am
Secretary of State

	EXPORT, INC	Mailing Address P.O. BOX 940385 MAITLAND FL 32794-0385			
TAMPA FL 336		US			
				3. Date Incorporated or Qualific	
		on a green of the section of the section	· (************************************	04/01/1972	01/31/1996
2. Principal Place of Business		2a. Mailing Address C/O WEINSTEIN		4. FEI Number	Applied For
Suite. Apt. #, etc.		26 P. O. BOX 940385		59-1387169	Not Applicable
22		27		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Žip	Country	B. This corporation has liability	for intangible tax under s. 199.032,
24	25		30	Florida Statules	X Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent
	Ker, sol		81 Name A	LAN S. WEINSTE,	(A)
1110 35TH ST B2 Street Addre				tho 3. Weldstein tress to 0. Box Number is Not Acceptable DORTH MAITLAND AVE, Suite 308	
A TAM	ipa fl		500	D NORTH MHITHIN) HVE, SUITE 308
			83		.,
•			84 City M	MITIMA	FL 85 Zin Code
44			1	$u_1 u_2 u_3 u_4 u_5 u_6 u_6 u_6 u_6 u_6 u_6 u_6 u_6 u_6 u_6$	· - //~ / //
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	J2 and 607.1508, Florida Statutes : of Florida. Such change was au	s, the above-named co ithorized by the corpor	rperation submits this statement for thation's board of directors. I hereby ac	ne purpose of changing its registered scept the appointment as registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505. Flori	ida Statutes.		1/0/00
SIGNATURE	Wan S. Wein			ISTE/N	
12.	Signature, typed or proted transe of registered as	D DIRECTORS	Registered Agent signature req	· · · · · · · · · · · · · · · · · · ·	FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TOLE	ABBITIONS/OFFINALS TO OF	Change Addition
NAME	WALKER, SOL	,	1.2 NAME		
STREET ADDRESS	1110 35TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY- S1 - Z/P		
TITLE	ST	⊠ I DELETE	2.1 DILE		Change Addition
NAME	WALKER, CAROL	**	2.2 NAME		_
STREET ADDRESS	1110 35TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - S1 - ZIP		
TITLE	AS	DELETE		P,S,T	Change 🔀 Addition
NAME	WEINSTEIN, ALAN S.				14 D 1
STREET ADDRESS	P.O. BOX 940385		3 3 STREET ADDRESS 5	100 NORTH MAITUH	w 1tve, Suite308 │
CITY-ST-ZIP	MAITLAND FL		3.4. CITY+SF+7IP	MAITLAND FL 3	2751
TITLE		DELEJE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAM(
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		a	4.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7IP		
TITLE		[_] DELETE	6.1 TALE		Change Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-7/P		
14. I do here	by certify that the information supplie on indicated on this annual report or :	d with this filing does not qualify supplemental annual report is ful	tor the exemption state ie and accurate and the	ed in Section 119.07(3)(i), Florida Sta at my signature shall have the same I	lutes. I further certify that the eoal effect as if made under eath; that

I not hereby certify that the information supplied with this limit does not quality to the exemption stated in Section 119.07(3)(), Florida statutes 110ther 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:

Olan S. Wenster

ALAN S. WEINSTEIN

1991

401-647-1995