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May 17, 1999 8:00 am
Secretary of State
05-17-1999 90030 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **480772**

1. Corporation Name
PALM BAY IMPORTS, INC.

Principal Place of Business	Mailing Address
100 SE FIFTH AVE. STE. 514 BOCA RATON FL 33432-5049	100 SE FIFTH AVE. STE. 514 BOCA RATON FL 33432-5049

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified
07/17/1975

4. FEI Number
59-1833544
☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TAUB, DAVID S		1.2 NAME	
STREET ADDRESS	69 THE INTERVALE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSLYN NY 11576		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TAUB, MARC D		2.2 NAME	
STREET ADDRESS	35 SUTTON PLACE, APT. 14C		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSLYN NY 11576		2.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TAUB, MARTIN G		3.2 NAME	
STREET ADDRESS	100 SE 5TH AVE., APT. 514		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ DATE: 04/02/03

CR2E034 (11/98)

APR-30-1999 03:47 FRIEDMAN ALPREN & GREEN