

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90028 044 ***150.00

DOCUMENT # 502096

1. Corporation Name

K & E TRADING AND SHIPPING, INC.

Principal Place of Business

327 DORAL COURT
JERICHO NY 11753
US

Mailing Address

327 DORAL COURT
JERICHO NY 11753
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1976

4. FEI Number

13-2863972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 7370 ORANGEWOOD LANE

2a. Mailing Address

26 7370 ORANGEWOOD LANE

Suite, Apt. #, etc.

22 105

Suite, Apt. #, etc.

27 105

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33433

Country

25 USA

Zip

29 33433

Country

30 USA

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
GERALD ROSS

82 Street Address (P.O. Box Number is Not Acceptable)
7370 ORANGEWOOD LANE -105

83

84 City
BOCA RATON

FL

85 Zip Code
33433

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 **GERALD ROSS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **KELL, JOSEPH**
STREET ADDRESS **220 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☐ DELETE
NAME **EVINS, MELISSA**
STREET ADDRESS **417 E. 57TH ST.**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH KELL

1/27/99

Date

212-679-5866

Daytime Phone #

CR2E034 (1/98)