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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

A PROPON ANNO ANGO OLIAN BARN PARKA POPON NON ÁLOM NABAU BYRKÚ PORU DVAN CLÁK KROL

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**1. Corporation Nam-e

SIGNATURE:

504043

(1)

ANTARES TRADING COMPANY

Frincipal Plac	e of Business	Mailing Address	Mailing Address			i dubihi bilik bolik bibik bibik bibik bibik bilik bibik			
9760 SAN JOSE BLVD JACKSONVILLE FL 32257 US		9760 SAN JOSE JACKSONVILLE I	9760 SAN JOSE BLVD JACKSONVILLE FL 32257-5474 US						
		US				3. Date Incorporated or Qualified 3a. Date of Last Report 05/25/1976 04/22/1996		eport	
2. Principa' P	Place of Business	2a. Mailing Addr	ess			4. FEI Number	J. V.T/Sety J		plied For
1		26				59-1726292	Ì	No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc			5. Certificate of Status Desired	□ \$8	.75 A	dditional
2		27				U. Definicate of Status Desired		Fee Re	quired
City & Stat	te	City & State				6. Election Campaign Financing			Мау Ве
3		28	<del></del>	Occupation		Trust Fund Contribution		Added to	
Žφ N	Country	Zip	<b>—</b> ~~	Country		8. This corporation has liability for i	intangible tax ui ] Yes         No		199.032,
4]	9. Name and Address of Curre	29	30	_т_		Florida Statutes  10. Name and Address of New Re	·		
		int megratered Agent		81	Name	10. Helifo end Address Of Heli He	Statelen Main	·	
	TCH, KATHRYN M.								
	VERNOR ST.			82	Street Add	fress (P.O. Box Number is Not Acceptab	ole)		
BRI	ANFORD FL 32008			83					
					~				
				84	City		FL 85	Zip C	Code
11. Pursuant	to the provisions of Sections 607 05	502 and 607,1508, Florid	da Statutes. Il	ne above	-named cor	poration submits this statement for the p		aina its	s registerer
office or i	registered agent, or both, in the Statem familiar with and accept the obli	te of Florida, Such chan	ige was autho	rized by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appointm	ent as	registered
2,	and accept the oran	gallens of, occasin cor.	.0505, 7 101100	otatates					
SIGNATURE									
	Signature, typeshor protect name of regist-rest a	gont and title if applicable	(NOTE: Reg	istered Age	nt signature requ	uired when reinstating)	DATE		
		ND DIRECTORS		istered Age 13.	nt si <b>g</b> nature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE		
12.					nt signature requ		ERS AND DIRE	CTOR:	
12. Tr'uf	OFFICERS AI	ND DIRECTORS	ELETE	13.	nt si <b>g</b> nature requ		ERS AND DIRE		
12. Title Name	OFFICERS AI	ND DIRECTORS	ELETE	13. 1.1 TITLE			ERS AND DIRE		
12. Tiple Name Street address CHY-ST-ZP	SD MCQUEEN, B YOUNG	ND DIRECTORS	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS		CERS AND DIRE	hange	Addition
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SKUWANTA AF**QUIRED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR