

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 90141 009 ***150.00

DOCUMENT # 642034

1. Corporation Name
MACHE IMPORTS, INC.

Principal Place of Business
1929 S. OSPREY AVE.
SARASOTA FL 34239

Mailing Address
1929 S. OSPREY AVE.
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1979

4. FEI Number
59-1955653

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
21 2117 SIESTA DR.

2a. Mailing Address
26 2117 SIESTA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 SARASOTA, FL.

City & State
28 SARASOTA, FL.

Zip Country
24 34239 25 USA

Zip Country
29 34239 30 USA

9. Name and Address of Current Registered Agent

RANDALL, SUSAN
1929 S. OSPREY AVE.
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name SUSAN RANDALL (SAME)
82 Street Address (P.O. Box Number is Not Acceptable) 2117 SIESTA DR. (NEW)
83
84 City SARASOTA FL 85 Zip Code 34239

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME RANDALL, SUSAN
STREET ADDRESS 1929 S. OSPREY AVE.
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE VS
NAME RANDALL, THELMA
STREET ADDRESS 5800 HOLLYWOOD BLVD.#212
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

SIGNATURE:

Susan Randall, President Susan Randall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

941-365-1407

Date

Daytime Phone #

CR2E034 (11/98)

0476650