

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830841 (3)

1. Corporation Name
FOREIGN IMPORTS, INC.



Principal Place of Business
1000 REGENCY COURT
SUITE 106
TOLEDO OH 43623-0074

Mailing Address
1000 REGENCY COURT
SUITE 106
TOLEDO OH 43623-3074

3. Date Incorporated or Qualified
09/14/1973

3a. Date of Last Report
03/19/1996

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

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

4. FEI Number
34-4435282

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, FLETCHER
124 N. BREVARD
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *[Signature]* N/A mistake
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRUCHTMAN, MORRIS			1.2 NAME			
STREET ADDRESS	1000 REGENCY CT. STE 106			1.3 STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OHIO 00000			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRUCHTMAN, IRWIN			2.2 NAME			
STREET ADDRESS	1000 REGENCY CT. STE 106			2.3 STREET ADDRESS			
CITY-ST-ZIP	TOLEDO OH			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRUCHTMAN, LEONARD			3.2 NAME			
STREET ADDRESS	1000 REGENCY CT. STE 106			3.3 STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OHIO 00000			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRUCHTMAN, GARY			4.2 NAME			
STREET ADDRESS	1000 REGENCY CT. STE 106			4.3 STREET ADDRESS			
CITY-ST-ZIP	TOLEDO, OHIO 00000			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *[Signature]* APR 22 1997 419-841-8464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/96)