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

DOCUI 1. Corporation	MENT # 852334	•					
	IMPORTERS INC.						
Principal Place	of Business	Mailing Address				ALANT BIRDI ALBUS AND) 01013 1061
143 SOUND BEACH AVENUE P.O. BOX 33006							
OLD GREENWICH CT 06870 DETROIT MI 48232-5006				DO NOT WRITE IN TH	IS SPACE		
US					3. Date Incorporated or Qualifed		
					03/25/1982		,
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For
21		26		13-3097971		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		27	_			Fee Req	
City & Stat	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	• 1
23	Country	Zip	Country		This corporation owes the current year I		11003
Zip	25	Щ .	30		Personal Property Tax.		□No ļ
24]	9. Name and Address of Current	<u> </u>	-		10. Name and Address of New Registere	d Agent	
			81	Name			
C T CORPORATION SYSTEM			82	Street	Address (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
1200 SOUTH PINE ISLAND ROAD							
PLAI	NTATION FL 33324		83		ı		
	Carlos And Anni Anni		84	City		85 Zip C	ode
					F	_	registered
office or r	existered agent or both in the State o	it Florida. Such change was au	utnorizea dv	the corbo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	ointment as reg	jistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	rida Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE:	Registered Ager	nt signature re	required when reinstating) DATE		— I
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	Jones, Martin Arthur		1.2 NAME	ļ			
STREET ADDRESS	200 Broad Street, Apt. 2229)	1.3 STREE	TADORESS	39 SILVER RIDGE COMMON	ን	
CITY-ST-ZIP	STAMFORD CT		1.4 CITY-S	T-ZIP	WESTON CT 06883	- Character	N Addition
TITLE	2.0		2.1 TITLE			Change	Addition
NAME	JOHNSON, RON		2.2 NAME		CLARK, BLAIR	- 40==	
STREET ADDRESS	13 LANTERN DRIVE				3 WHEELER AVE, TYLER'S		
CITY-ST-ZIP	RIDGEFIELD CT 06877	☐ DELETE	2.4 CITY-S 3.1 TITLE	ST-ZIP	BUCKINGHAMSHIRE ENGLA	Change	Addition
TITLE	CP Bellinger, Keith	C) beceive	3.1 MILE		V,	_1233	
NAME	400 00040 OT 40T 4444			T ADDRESS	53 MICHAEL ROAD		
STREET ADORESS	STAMFORD CT 06901		3.4. CITY-5		STAMFORD CT 06903		
CITY-ST-ZIP	CD	☐ DELETE	4.1 TITLE	<u> </u>	<u> </u>	Change	Addition
NAME	MCCARTHY, GEROGE		4.2 NAME		MCCARTHY, GEORGE		
STREET ADDRESS	29 PLEASANT LANE		4.3 STREE	TADDRESS			
CITY-ST-ZIP	GREENWICH CT 06830		4.4 CITY- S	T-ZIP			
TITLE	S	⊠ DELETE	5.1 TITLE		S	Change	☐ Addition
NAME	TIMMONS, LEON ROBERT		5.2 NAME		STAINTON, DAULO	4-	
STREET ADDRESS	_		1	TADDRESS	1255 TANGLEWOOD COUN		1 242
CITY-ST-ZIP	BLOOMFIELD HILLS MI	C Del ese	5.4 CITY-S 6.1 TITLE	ST-ZIP	LASALLE ONTARIO CANA	DA <u>NYJ</u> ☐Change	J ≥K3
TITLE	AT Cremering Michael J	☐ DELETE	6.1 IIILE		D JELLISON, MICHAEL		Д
NAME	LUDEMEDING, MILITARI J		0.2 July 114		しょしにに(コレト・ドルしのいちん		

STREET ADDRESS 34758 VALLEY FORGE

CITY-ST-ZIP FARMINGTON HILLS MI 48331

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:

SIGNING OFFICER OR DIRECTOR

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90040 037 ***150.00