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Feb 06 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 # F30070 (9)

1. Corporation Name
ESSEX EXPORTS, INC.

Principal Place of Business
550 SW 12 AVENUE
DEERFIELD BCH FL 33442

Mailing Address
550 SW 12 AVENUE
DEERFIELD BCH FL 33442-3110



3. Date Incorporated or Qualified 05/08/1981
3a. Date of Last Report 03/11/1996

4. FEI Number 59-2094760
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHFOOD, FERDINAND
550 SW 12 AVENUE
DEERFIELD BEACH FL 33442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, 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 PD
NAME MAHFOOD, ROBIN
STREET ADDRESS 550 SW 12 AVE.
CITY-ST-ZIP DEERFIELD BCH FL

1.1 TITLE SECRETARY
1.2 NAME MAHFOOD, FRANCIS
1.3 STREET ADDRESS 550 S.W. 12TH AVE.
1.4 CITY-ST-ZIP DEERFIELD BEACH, FLA.

TITLE D
NAME MAHFOOD, FERDINAND
STREET ADDRESS 550 SW 12 AVE
CITY-ST-ZIP DEERFIELD BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MAHFOOD, PATRICIA
STREET ADDRESS 550 SW 12 AVE
CITY-ST-ZIP DEERFIELD BCH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MAHFOOD, GAIL
STREET ADDRESS 550 SW 12 AVE
CITY-ST-ZIP DEERFIELD BCH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME MAHFOOD, KEVIN
STREET ADDRESS 550 SW 12TH AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME ARDOIS, MANUEL
STREET ADDRESS 550 SW 12TH AVE
CITY-ST-ZIP DEERFIELD BCH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: X *Robert S. Mahfood* 1/30/97 (954) 6989333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)