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

DOCUMENT # F30070

ESSEX EXPORTS, INC.

Mailing Address

FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90014 020 ***150.00



550 SW 12 AVENUE DEERFIELD BCH FL 33442 550 SW 12 AVENUE DEERFIELD BCH FL 33442					DO NOT WRITE IN THIS SPACE			
		•			3. Date incorporated or Qualifed 05/08/1981		<u>-</u>	
		2a. Mailing Address			4. FEI Number	. L	Applie	
2. Principal Place of Business 2a. Mailing Address 2b					59-2094760			pplicable
21 Cuite Apt # otc							.75 Add	
Suite, Apt. #, etc.					5. Certificate of Status Desired	- F	ee Requ	ired
22		City & State			6. Election Campaign Financing		5.00 ° ма	ay Be
City & State					Trust Fund Contribution		dded to F	ees
23	28 Zip Country			ntry 8. This corporation owes the current year Intangible				
Zip	Country	├──. `	n .		Personal Property Tax.			
24	25	1201	'		10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Registered Agent	81	Name		-		ļ
	TOO STOOMAND				<u> </u>	(1.)		
MAHE	OOD, FERDINAND		82	Street Ad	dress (P.O. Box Number is Not Accepta	able)		
550 SW 12 AVENUE				-	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	11 220 2 3 1 4 5 1 2 7	3.51 3.4	100 150
Deer	FIELD BEACH FL 33442		83		4. 经基础的 计图 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	計劃計劃的	14/11/4/2	3.41.31.
· ·			84		The second of th	FL 1	Zip Co	ì
4	97.		Abs about	no named co	progration submits this statement for the	purpose of chang	ing its re	gistered
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 _		(NOTE: Re	ostered Age	ent signature regu	uired when reinstating)	DATE		
5	Signature, typed or printed name of registered age		13.		ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTOR	S IN 12
12.	<u> </u>	DELETE	1.1 TITLE		90,0 M, 0.887		hange	Addition
mrue "	PD	- Beerin	1.2 NAME					
NAME .	MAHFOOD, ROBIN			ET ADDRESS		•		,
STREET ADDRESS	550 SW 12 AVE.				•		.1.	
CITY-ST-ZIP	DEERFIELD BCH FL	Dogram	1.4 CITY-				hange	☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE					
NAME	MAHFOOD, FERDINAND		2.2 NAME					
STREET ADDRESS			2.3 STRE	STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BCH FL		2.4 CITY-	-ST-ZIP			Change	Addition
TITLE		☐ DELETE	3.1 TITLE	. [υ,	Jijungo	
1 544H	MAHFOOD, PATRICIA		3.2 NAME	:				. !
NAME	550 SW 12 AVE		3.3 STRE	ET ADDRESS	·····································	到164、201期間到		a ang a
STREET ADORESS	DEERFIELD BCH FL		3.4. CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Signification
CITY-ST-ZIP		☐ DELETE	4.1 TITLE				Unange 51	4. [3] Addision
l πιε 、	D. CAII	-	4. 2 NAM	E				
NAME SEE SEE TO AC	MAHFOOD, GAIL			ET ADORESS				
STREET ADDRESS	550 SW 12 AVE		4.4 CITY		·			
CITY-ST-ZIP	DEERFIELD BCH FL	☐ DELETE	5.1 TITLE				Change	☐ Addition
TITLE	V	C Dereig	5.1 HILL 5.2 NAM					
NAME	MAHFOOD, KEVIN	•		EET ADDRESS				
STREET ADDRESS	550 SW 12TH AVENUE				8 - 1 te			
CITY-ST-ZIP	DEERFIELD BEACH FL		5.4 CITY			<u></u>	Change	Addition
TITLE	Vertice of the	☐ DELETE	6,1 TITL	1		:	•	_
NAME	ARDOIS, MANUEL	•	6.2 NAM	1				+
STREET ADDRESS			6.3 STR	EET ADDRESS				
STREET ADDRESS	300 011 12111 /112		84 CITY	'-ST-7IP				

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: X

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

///9/9 Date 454 698-9333 Bartime Phone #