## 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 # EQOCOCOCO

Principal Place of Business	Mailing Address
236 SWAINS POND AVE	236 SWAINS PONE
MELDOCE MA COMPC	MELDOCE MA 001

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90024 003 \*\*\*150.00

1. Corporation	Name " 792000	1000242			ł	
•	CUSTOMS, INC.					
OUTET	SOB LOWING WAS				4 2001160 4514 18150 15011 40115 80111 80111 4011	
		T.				
Principal Plac	e of Business	Mailing Address			T (DB)(49) HILE COLON HIBH COUNT BRING BRING BRING BRING BRING BRING	I WANTE ADTEM STADL BEARM STAD LAAN
236 SWAINS PO		236 SWAINS POND AVE			}	
MELROSE MA		MELROSE MA 02176				
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualifed	
		<del> </del>			11/16/1992	1 2 2 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2
<del></del> 1	lace of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
21	# -40	Suite, Apt. #, etc.			04-2903785	\$8.75 Additional
Suite, Apt.	#, etc.			•	5. Certifcate of Status Desired	Fee Required
City & Stat	е :	City & State			6. Election Campaign Financing	\$5.00 May Be
23	,	28	-		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year I	ntangible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent
0.0.	DISAL ARABYTAND		81	Name		
	IVAN, MARYJANE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	<del></del> -
	NW 51 CT			<u> </u>		
LAUI	DERHILL FL 33351	•	83	<b>3</b>		
			84	City		85 Zip Code
					F	
Office or r	edistered agent, or both, in the State	of Florida. Such change was au	thonzed by	i the compora	rporation submits this statement for the purpose of the board of directors. I hereby accept the app	ointment as registered
=	m familiar with, and accept the obliga	ations or, Section 607.0305, Fion	oa Statute:	<b>5</b> .		
SIGNATURE	Stgnature, typed or printed name of registered agr	ent and title if applicable. (NOTE: I	Registered Age	nt signature requ	ired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVST	☐ DELETE	1.1 TITLE	ļ		☐ Change ☐ Addition
NAME	GIANQUITTO, DONALD		1.2 NAME	İ		
STREET ADDRESS	236 SWAINS POND AVE		1.3 STREE	TADDRESS		
CITY-ST-ZIP	MELROSE MA 02176		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME	}		2.2 NAME	Ì		)
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		☐ DELET <b>E</b>	2.4 CITY-	ST-ZIP		Change Addition
TITLE	.,	□ DETE1€	3.1 TITLE 3.2 NAME	-	·	Canada Caranta
NAME			1	-T 4DDDE00		i i
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		☐ DELETÉ	4.1 TITLE	51-ZIP		☐ Change ☐ Addition
NAME			4. 2 NAME	.		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	The state of the s		4.4 CITY-			
TITLE	103	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	•		5.2 NAME			ĺ
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	,		6.2 NAME	1		{
STREET ADDRESS			6.3 STREE	TADORESS		
CITY-ST-ZIP	Į	•	6.4 CITY-1	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 of 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: