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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92073

(8)

E & W IMPORTS, INC.

FILED
Apr 23 1997 8:00am
Secretary of State

Principal Place 4023 W WATER SUITE 5 TAMPA FL 338	FE 5 - 6308 FROST OR						
US					3. Date Incorporated or Qualified	3s. Date of La	•
0.00	Name of Change	On Martin Antonia			07/26/1982	04/11/199	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-2213295		Applied For
21 131 W. Waters 26 Suite, Apt #, etc.				 	58722 13283	4	
├ ─	ite 602	27	—		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State City & Sta		City & State	ate		6. Election Campaign Financing \$5.00 May Be		
23 Tah	npa Fl	28			Trust Fund Contribution		ded to Fees
21p Country 24 33614 25 (15		Zip 29 3	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	jistered Agent	
1	NIEWICZ, ELFRIEDE		81	Name			
6308 FROST DR TAMPA FL 33624			82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
			83				
			84	City		FL 85	Zip Code
11. Pursuarit office or agent 1: SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State am farmiliar with, and accept the obliga Classic State of the State	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statute:	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep Analyeuic C.2	t the appointmen	ng its registered t as registered
40			Registered Age	ont signature requ	ired when reinslating)	DATE 4	<u>8 - 97</u>
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
	1	L.J. DELETE	1.1 TITLE			LJ Cilai	nge 🔲 Addition
NAME	ANANIEWICZ, ELFRIEDE 6308 FROST DR		1.2 NAME				
STREET ADDRESS	1 - · · · · · · · · · · · · · · · · · ·		1.3 STREET				
CITY-ST-ZIF	TAMPA, FL 00000	DELETE	1.4 CITY - ST - ZIP				an El Addition
1	ANANIEWICZ, EVA M		2.1 TITLE			Char	nge 🛄 Addition
NAME	,		2.2 NAME				
STREET ADDRESS	6308 FROST DRIVE TAMPA, FL 00000		2.3 STREET				
COY-SI-ZIP	TAMPA, FL 00000	DELETE	2. 4 CITY-:	ST-ZIP			
TITLE	ANANIEWICZ, WALTER M	☐ rereit	3.1 TITLE			Char	nge Addition
NAME	6308 FROST DRIVE		3.2 NAME		•	F.71	
STREET ADDRESS	TAMPA, FL 00000		3.3 STREET				
CITY - ST - ZIP	IAMPA, PL 0000	DELETE	3.4. CiTY-:	ST-ZIP		Char	nge Addition
TITLE		L. Velete	4.1 TITLE			L.J Char	ine FT MODITION
NAME SIDEL : ASSESSED			4.2 NAME	4000000			•
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		DELETE	4.4 CITY - S	ı - ZIP			oos Addition
TOTLE			5.1 TIFLE			Char	nge 🔲 Addition
NAME	}		5.2 NAME				

14. If 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO BEET OF DATE OF SIGNING OFFICER OR DIRECTOR TO BEET OF DATE OF SIGNING OFFICER OR DIRECTOR TO BE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

Change

Addition