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FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000123 (0)

1. Corporation Name

MASSAPEQUA IMPORTS, LTD., INC.

Principal Place of Business

~~561 G MILITARY TRAIL~~  
~~WEST PALM BEACH FL 33415~~  
~~US~~

Mailing Address

~~551 S MILITARY TRAIL~~  
~~WEST PALM BEACH FL 33415~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1992

4. FEI Number

11-2970364

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4524 GUN CLUB ROAD

26 4524 GUN CLUB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 101

27 SUITE 101

City & State

City & State

23 WEST PALM BEACH, FL.

28 WEST PALM BEACH, FL.

Zip Country

Zip Country

24 33415

25 USA

29 33415

30 USA

9. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS E  
4524 GUN CLUB RD, SUITE 101  
WEST PALM BEACH FL 33415

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

DOUGLAS E. THOMPSON

01/28/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CP  
STREET ADDRESS STALUPPI, JOHN  
CITY-ST-ZIP 561 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME S  
STREET ADDRESS STALUPPI, JEANETTE  
CITY-ST-ZIP 561 SOUTH MILITARY TRAIL  
WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 4524 GUN CLUB RD STE 101  
14 CITY-ST-ZIP WEST PALM BEACH, FL. 33415

2.1 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 4524 GUN CLUB RD STE 101  
24 CITY-ST-ZIP WEST PALM BEACH, FL. 33415

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN STALUPPI,  
PRESIDENT

01/28/98 (561) 689-0552

Date

Daytime Phone # 0321101

CR2E034 (10/97)