

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90254 030 \*\*\*150.00

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DOCUMENT # F95000003695

1. Corporation Name  
A.C.X. TRADING, INC.

Principal Place of Business  
5691 VANTAGE HWY  
ELLENSBURG WA 98926

Mailing Address  
PO BOX 188  
ELLENSBURG WA 98926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/01/1995

4. FEI Number  
77-0036978

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21. 2350 W. 17th ST  
Suite, Apt. #, etc.

2a. Mailing Address  
26. P.O. Box 9187  
Suite, Apt. #, etc.

22. City & State  
23. Long Beach, CA  
Zip Country  
24. 90818 25. USA

27. City & State  
28. Long Beach, CA  
Zip Country  
29. 90810 30. USA

9. Name and Address of Current Registered Agent

RAMIREZ, MIGUEL  
5609 30TH COURT EAST  
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81. Name Robert W. Clark  
82. Street Address (P.O. Box Number is Not Acceptable)  
100 N. Tampa St.  
83. Suite 2120  
84. City Tampa FL 85. Zip Code 33602

11. Pursuant to the provisions of Sections 607.1502 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

4/30/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	GOMBOS, JOHN	5691 VANTAGE HWY	ELLENSBURG WA 98926	<input type="checkbox"/>
DCV	GOMBOS, MICHAEL N JR	5691 VANTAGE HWY	ELLENSBURG WA 98926	<input type="checkbox"/>
DS	CONIGILIO, TERRY J	110 W OCEAN BLVD., STE C	LONG BEACH CA 90802-4615	<input type="checkbox"/>
DP	LEASHNO, MOSHE	5691 VANTAGE HWY	ELLENSBURG WA 98926	<input type="checkbox"/>
T	RICKS, LARRY	5691 VANTAGE HWY	ELLENSBURG WA 98926	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

*Robert W. Clark* C.F.O.

Date

Daytime Phone #

4-29-99

CR2E034 (1/98)