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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000791 (0)

1. Corporation Name
PIEDMONT CUSTOMS HOUSE BROKERS, INC.

Principal Place of Business
PO BOX 35031
GREENSBORO NC 27425

Mailing Address

PO 80X 35031

GREENSBORO NC 27425

FILED Mar 18 1998 8:00am Secretary of State

|--|

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/13/1997

| 2. Principal Place of Business  |   |                               | 2a. Mailing                                  | 2a. Mailing Address |                       |                          |                       | mber   |                        | Ar                 | oplied For         |  |
|---|---|-------------------------------|--|---------------------|-----------------------|--------------------------|-----------------------|--|------------------------|--------------------|--------------------|--|
| 21  |   |                               | 26   | 26                  |                       |                          |                       | 178539 <u>4</u>  |                        | No                 | ot Applicable      |  |
| Suite, Apt. #, etc.   |   |                               | Suite, A                                     | Suite, Apt. #, etc. |                       |                          |                       | ate of Status Desired  |                        | <b>~</b> - · · · · | Additional aquired |  |
| City & State  | e   |                               | City & S                                     | State               |                       |                          | 6 Election            | n Campaign Financin  | 0                      |                    | May Be             |  |
| 23  |   |                               | 28   | 28                  |                       |                          |                       | and Contribution   | " 🗆                    |                    | to Fees            |  |
| Zip   | · · · · · ·   | Country                       | Zip  |                     | Count                 | гу                       | 8. This co            | propration owes or has   | s paid the cu          | rrent year Ini     | angible            |  |
| 24  |   | 25                            | 29   |                     | 30                    |                          | i i                   | al Property Tax due J  | •                      |                    | ⊒No                |  |
|   | and Address of Cur  |                               | 10. Name and Address of New Registered Agent |                     |                       |                          |                       |  |                        |                    |                    |  |
| DE PERI, JOSEPH   |   |                               |  |                     |                       | 1 Name                   |                       | 1 00   | $\mathcal{D}_{\alpha}$ |                    |                    |  |
| L ASA4 MM OTTU AVE  |   |                               |  |                     |                       | 2 Street Add             | <u>OS e ငု</u>        | Number is Not Acce   | ntable)                | <u> </u>           |                    |  |
| MIAMI FL 33166  |   |                               |  |                     |                       | 1040                     | ດ້ໄປ້ຜົ               | Number is Not Acce   | Signal Signal          | uite               | 250                |  |
| 1   |   |                               |  |                     |                       | 3                        |                       | <del></del>  |                        |                    |                    |  |
| . :   |   |                               |  |                     |                       |                          | <del></del>           |  |                        | Inchile .          | O. w               |  |
| Signature (Martine)   |   |                               |  |                     |                       | 4 City M                 | AMI                   | Territoria de la companya della companya della companya de la companya della comp | FL                     | 88 39              | Code               |  |
| 11, Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the al  |   |                               |  |                     | es, the abo           | ve-named con             | poration subm         | its this statement for t   | he purpose o           | of changing #      | s 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 obligation of Section 607.0505, Florida Statutes. |   |                               |  |                     |                       |                          |                       |  |                        |                    |                    |  |
|   |   |                               |  |                     |                       |                          |                       |  |                        |                    |                    |  |
| SIGNATURE   | Signa ve. ni ed   | or print I name of registered | kin dqqa ti elbi bes leeqa                   | (NOT                | F: Florrislered A     | gent signature requi     | ired when reinstating | 1)   | DATE                   | 10,1               | Δ                  |  |
| 12.   | 334 (10)  |                               | AND DIRECTORS                                | (1401               | 13.                   | grant organization requi |                       | ONS/CHANGES TO O   | FEICERS AN             | D DIRECTOR         | S IN 12            |  |
| TITLE   |   |                               |  | DELETE              | 1.1 1111.8            |                          |                       |  | 7102710747             | Change             | ☐ Addition         |  |
| NAME  | DE PERI   | , Joseph                      | ·  | _                   | 1.2 NAM               | ì                        |                       |  |                        |                    | _ 1                |  |
| STREET ADDRESS  |   | ING RIDGE CT.                 |  |                     |                       | ET ADDRESS               |                       |  |                        |                    | .                  |  |
|   |   | BORO NC 27407                 |  |                     | 1                     | i                        |                       |  |                        |                    |                    |  |
| CITY-ST-ZIP   | CV  |                               |  | DELETE              | 1.4 CITY<br>2.1 TITLE |                          |                       |  | <del></del>            | Change             | Addition           |  |
| NAME  | 1 -   | , SANDRA P                    |  | perene              | 22 NAM                | 1                        |                       |  |                        | Carl Cristings     |                    |  |
| STREET ADDRESS  |   | LEOAK WAY                     |  |                     |                       |                          |                       |  |                        |                    |                    |  |
| 1   |   | ALLE SC 29615                 |  |                     | 1                     | ET ADDRESS               |                       |  |                        |                    | ·                  |  |
| CITY-ST-ZIP   | DS  | TELE OF EATIN                 |  | DELETE              | 2.4 CITY              |                          |                       |  | <del></del>            | Change             | Addition           |  |
| I   | FORD, J   | MUN                           | l  | L Decer             | 3.1 TITLE             |                          |                       |  |                        | C CHENTE           |                    |  |
| NAME  |   | ABLE HILL TR.                 |  |                     | 3.2 NAM               |                          |                       |  |                        |                    |                    |  |
| STREET ADDRESS  |   | SVILLE NC 27285               |  |                     |                       | ET ADDRESS               |                       |  |                        |                    | 1                  |  |
| CITY-ST-ZIP   | NEMNEM  | PAILTE IAC 51503              |  | - Seleve            | 3.4. CITY             |                          |                       |  |                        | 100                | T Address          |  |
| TITLE   |   |                               |  | DELETE              | 4.1 TITLE             | 1                        |                       |  |                        | Change             | ☐ Addition         |  |
| NAME  |   |                               |  |                     | 4. 2 NAM              |                          |                       |  |                        |                    | j                  |  |
| STREET ADDRESS  |   |                               |  |                     | 4.3 STRE              | ET ADDRESS               |                       | £ 1  |                        |                    |                    |  |
| CITY-ST-ZNP   |   | <u> </u>                      |  |                     | 4.4 City              |                          |                       | 12   |                        |                    |                    |  |
| TATLE   |   |                               |  | DELETE              | 5.1 TITLE             |                          |                       | -<br>  |                        | Change             | Addition           |  |
| NAME  |   |                               |  |                     | 5.2 NAMI              | E                        |                       | 4.1  |                        |                    | · }                |  |
| STREET ADDRESS  |   |                               |  |                     | 5.3 STRE              | ET ADDRESS               |                       |  |                        |                    | Į                  |  |
| CITY-ST-ZIP   |   |                               |  |                     | 5.4 CITY              | - ST- ZIP                |                       |  |                        |                    |                    |  |
| TITLE   |   |                               |  | DELETE              | 6.1 TITLE             |                          |                       |  |                        | Change             | Addition           |  |
| NAME  |   |                               |  |                     | 6.2 NAM               | <b>:</b>                 |                       |  |                        |                    | . [                |  |
| STREET ADDRESS  |   |                               |  |                     | 6.3 STRE              | ET ADDRESS               |                       |  |                        |                    |                    |  |
| CITY-ST-ZIP   |   |                               |  |                     | 6.4 CITY              |                          |                       |  |                        |                    | ]                  |  |
| 14 I hereby o   | certify that the  | e information supplied        | d with this filing doe                       | s not qualify for   | or the exem           | ption stated in          | Section 119.0         | 7(3)(i), Florida Statute   | s. I further c         | ertify that the    | information        |  |
| officer or  | 14. I hereby certify that the information supplied with this filling 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 supplicemental 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. |                               |  |                     |                       |                          |                       |  |                        |                    |                    |  |