

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 # H43279

1. Corporation Name
CINDY LOU FLEET, INC.

Principal Place of Business

720 SCALLOP DRIVE
727 SCALLOP DRIVE
CAPE CANAVERAL FL 32920

Mailing Address

720 SCALLOP DRIVE
727 SCALLOP DRIVE
CAPE CANAVERAL FL 32920

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90176 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1985

4. FEI Number

59-2498032

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

SCOTT, ALLEN C.D., II
727 SCALLOP DR.
235 ANDROS AVE., COCOA BCH., FL 32921
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ROSEN, JONATHAN P**
STREET ADDRESS **302 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **VPD NIMKOFF, ROBERT**
STREET ADDRESS **302 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **STD BERGMAN, HARRY**
STREET ADDRESS **302 FIFTH AVE.**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☒ DELETE
NAME **AS STUMBRIS, ARLENE M**
STREET ADDRESS **5728 FLINT ROAD**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE
NAME **PD HALPER, NORMAN**
STREET ADDRESS **302 5TH AVE**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE **AS**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Assistant Secretary
R. Keith Smith
727 Scallop Drive
Cape Canaveral, Fl. 32920

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99

Date

407-799-2860

Daytime Phone #

CR2E034 (1/98)