

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 # H79485

1. Corporation Name  
SUSAR TRADING, INC.

Principal Place of Business

2100 TAMiami TRAIL S  
STE 202  
SARASOTA FL 34239  
US

Mailing Address

572 RANGER LANE  
LONGBOAT KEY FL 34228  
US

2. Principal Place of Business

21 2100 TAMiami TRAIL S

Suite, Apt. #, etc.

22 3

City & State

23 SARASOTA FLORIDA

Zip Country

24 34239 25 USA

2a. Mailing Address

26 2100 TAMiami TRAIL S

Suite, Apt. #, etc.

27 3

City & State

28 SARASOTA FLORIDA

Zip Country

29 34239 30 U.S.A.

9. Name and Address of Current Registered Agent

~~GRIMES, GOEBEL &~~  
1029 MANATEE AVE WEST  
200 LAURA STREET  
BRADENTON FL 34206

3. Date Incorporated or Qualified

10/01/1985

4. FEI Number

59-2749029

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

10. Name and Address of New Registered Agent

81 Name

C. ALEC SHEARSON

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

2100 TAMiami TRAIL SOUTH

83

Suite 3

84

SARASOTA

FL

85 Zip Code

34239

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

C. Alec Shearson

JAN 4, 1999

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DSTP  
SHEARSON, C. ALEC  
572 RANGER LANE  
LONGBOAT KEY FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DSTP  
SHEARSON, C. ALEC  
2100 TAMiami TRAIL SOUTH  
SARASOTA FLORIDA 34239

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

C. Alec Shearson

JAN 4, 1999

941-951-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

04/0021

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90058 019 \*\*\*150.00



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