

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90002 002 ***558.75

DOCUMENT # **H99770**

1. Corporation Name
CENTURY IMPORTS, INC.

Principal Place of Business
**5028 MALLARDS PLACE
PO BOX 5363
COCONUT CREEK FL 33073
US**

Mailing Address
**PO BOX 5363
LIGHTHOUSE PT FL 33074
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1986

4. FEI Number

26-5099487

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 5028 MALLARD'S PLACE

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Coconut Creek FL

City & State

28

Zip

24 33073

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**EGNER, THEODORE K.
3067 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

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 **PD** ☐ DELETE
NAME **ALAM, SAUD**
STREET ADDRESS **865 N.W. 45TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **VD** ☐ DELETE
NAME **PETERS, GEORGE**
STREET ADDRESS **3311 QUAIL CLOSE DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **TD** ☐ DELETE
NAME **ALAM, ZAHIR**
STREET ADDRESS **865 N.W. 45TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **SD** ☐ DELETE
NAME **ALAM, SHIRAZ**
STREET ADDRESS **865 N.W. 45TH STREET**
CITY-ST-ZIP **POMPANO BE**

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
1.2 NAME
1.3 STREET ADDRESS **5028 MALLARD'S PLACE**
1.4 CITY-ST-ZIP **COCONUT CREEK FL 33073**

2.1 TITLE Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **5028 MALLARD'S PLACE**
3.4 CITY-ST-ZIP **COCONUT CREEK FL 33073**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **5028 MALLARD'S PLACE**
4.4 CITY-ST-ZIP **COCONUT CREEK FL 33073**

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, with all other like empowered.

SIGNATURE:

SAUD ALAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 4, 1999

Date

(954) 421-0555

Daytime Phone #

0175758

CR2E034 (11/98)