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

Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K68399 (0) FOWLKES IMPORTS, INC. Principal Place of Business Mailing Address C/O STEPHEN C. MOORE C/O STEPHEN C. MOORE 5757 LAKE WORTH ROAD P. O. BOX 9500 DO NOT WRITE IN THIS SPACE **GREENACRES FL 33463** GREENACRES CITY FL 33466 3. Date Incorporated or Qualified 02/24/1989 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 65-0100604 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOORE, STEPHEN C 5757 LAKE WORTH ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **GREENACRES FL 33466** 84 City 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 requirered agree and title diapplicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DIRECTOR , PRESIDENT DELETE Change Addition TITLE 1.1 TITLE MOORE, STEPHEN C. 1.2 NAME NAME 5757 LAKE WORTH ROAD STREET ADDRESS 1.3 STREET ADDRESS **GREENACRES CITY FL** CCTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE ALBERTSON, RONALD C 2.2 NAME NAME 4050 PALM BEACH POINT BLVD 2.3 STREET ADDRESS STREET ADDRESS WELLINGTON FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition ___ Change TITLE **6.1 TITLE** 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CiTY-ST-ZIP 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 is supplied entire 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 control of 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 Arangeti, or an appear with an address.

Sterifien GL Moore

3/22/00

FILED