PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# L00679

1. Corporation Name

ATLANTIC-PACIFIC INTERNATIONAL MARKETING, INC.

Principal Place	e of Business		Mailing Address				1 : 681/21/ Olt 28/1/ Oblis alitt 19210 16/1 graft Bists bists gratt sint aldit .	-•-
18049 PHLOX (OR SE		18049 PHLOX DR	SE				
DRIVE 2E			DRIVE 2E				DO NOT WRITE IN THIS SPACE	
FORT MYERS FL 33912			FORT MYERS FL 33912				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
US			US				07/10/1989	
2 Dringing D	lace of Business	- ·· -	2a. Mailing Addre	neė .			4. FEI Number Applied For	
⊢ ,	lace of Business	~	_	622			65-0175817 Not Applies	$\overline{}$
Suite, Apt.	# etc		Suite, Apt. #,	etc.			SR 75 Additions	$\overline{}$
— ''	#, C.G.	l,	27	010.			5. Certificate of Status Desired Fee Required	'
City & State		}	City & State				6. Election Campaign Financing S5.00 May Be	
23		į.	28				Trust Fund Contribution Added to Fees	
Žip	Count		Zip	-	Country		8. This corporation owes the current year Intangible	$\overline{}$
24	25	· .	29	30			Personal Property Tax. ☐ Yes ☐ No	_
	9. Name and Addi	ress of Current Re	gistered Agent		T		10. Name and Address of New Registered Agent	
					81	Name		ļ
FERNANDEZ, WILLIAM L.					82 Street Addre		dress (P.O. Box Number is Not Acceptable)	\dashv
1804	49 PHLOX DR. SE		10		102	Oli Cot Add	drass (1.0. box realison to rect. to separately	
FT. 1	MYERS FL 33912				83			7
					04	C:t.	85 Zip Code	\dashv
					84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Se	ctions 607.0502 an	d 607.1508, Florid	da Statutes, th	e above	-named corp	rporation submits this statement for the purpose of changing its registere	ad
office or re	egistered agent, or bot m familiar with, and ac	h, in the State of Fi	lorida. Such chang	ge was authori	ized by t	the corporati	tion's board of directors. I hereby accept the appointment as registered	
	ili ianimai wun, and ac	cept the obligations	9 01, 00011011 001.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE	Signature, typed or printed nam	ne of registered agent and	title if applicable.	(NOTE: Regist	tered Agent	signature require	red when reinstating) DATE	
12.		OFFICERS AND D						
12.		OFFICERS AND D	IRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
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				ELETE 1				
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90116 027 ***150.00