

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90027 001 ***150.00

DOCUMENT # L66173**1. Corporation Name****STATESIDE PURCHASING AGENTS, INC.****Principal Place of Business**

1904 NORTH 40 ST
HOLLYWOOD FL 33021
US

Mailing Address

1904 NORTH 40 AVE
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified**04/13/1990****4. FEI Number****65-0190558**

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****2a. Mailing Address****21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30****9. Name and Address of Current Registered Agent**

GLADSTONE, ADAM D.
1904 NORTH 40 AVE
HOLLYWOOD FL 33021

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 DIRECTORSTITLE **PTD** ☐ DELETENAME **GLADSTONE, ADAM D.**STREET ADDRESS **1904 NORTH 40 AVE**CITY-ST-ZIP **HOLLYWOOD FL**TITLE **VSD** ☐ DELETENAME **GLADSTONE, LISA R.**STREET ADDRESS **1904 NORTH 40 AVE**CITY-ST-ZIP **HOLLYWOOD FL**TITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-ST-ZIP ☐ DELETE**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

954-985-0353
Daytime Phone #

CR2E034 (11/98)