

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
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90016 004 ***150.00

DOCUMENT # M64626

1. Corporation Name

C AND L IMPORTS & EXPORTS, INC.



Principal Place of Business

Mailing Address

179 Tollgate Branch
Suite 102
Longwood, FL 32750
US

179 Tollgate Branch
Suite 102
Longwood, FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1987

4. FEI Number

59-2864000

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

21 179 Tollgate Branch
Suite, Apt. #, etc.

26 179 Tollgate Branch
Suite, Apt. #, etc.

City & State

23 Longwood, FL

City & State

28 Longwood, FL

Zip Country

24 32750 25 US

Zip Country

29 32750 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSEY, LILIA T.

179 Tollgate Branch
Longwood, FL
32750

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POSEY, LILIA T.
STREET ADDRESS 179 Tollgate Branch
CITY-ST-ZIP Longwood, FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD LILIA T. POSEY
179 Tollgate Branch
Longwood, FL 32750

TITLE VSD
NAME POSEY, SVEN E.
STREET ADDRESS 1461 HELENA CT.
CITY-ST-ZIP DELTONA, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VSD SVEN E. POSEY
1461 HELENA CT.
DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Lilia T. Posey, P.D.

2-26-99

(407) 332-1548

Date

Daytime Phone #

CR2E034 (11/98)