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

Mailing Address 1280 SARNO RD

MELBOURNE FL 32935

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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28

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**PROFIT CORPORATION** ANNUAL REPORT

1999

P & L INTERNATIONAL INCORPORATED

Country

25

1. Corpora ion Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & S ate

1280 SARNO RD MELBOURNE FL 32935

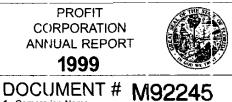
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Zip



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90030 035 \*\*\*150.00

	DO NOT WRITE IN TH	S SPACE
	3. Date in corporated or Qualifed 08/02/1988	
	4. FEI Number	App ied For
	59-2908956	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
	This corporation owes the current year I     Personal Property Tax.	ntangible  Yes No
	10. Name and Address of New Registere	1 Agent
me		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent				
ELLIS, PHILLIP	81 Name				
1280 SARNO RD	82 Street Address (P.O. Box Number is Not Acceptable)				
135 MELBOURNE FL 32935	83				
MILEDOONNE TE 02300	84 City FL 85 Zip Code				
Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statu	les, the above-named corporation submits this statement for the purpose of changing its registered				

Country

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office or registered agent, or both, in the State or Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Ficinda Statutes.											
SIGNATURE	Signature, typed or printed nar	ne of registered agent	ind title if applicable. (NOTE : Re	gistered Agent signature re	equ red when reinstating)		DATE		——		
12.		OFFICERS AND		13.		NS/CHANGES TO C	FFICERS AND	DIRECTOF	S IN 12		
TITLE	TS		☐ DELETE	1.1 TITLE			]	Change	☐ Addition		
NAME	KENT, LEIGH			1.2 NAME							
STREET ADDRESS	1280 SARNO RD	135		1.3 STREET ADDRESS							
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP							
TITLE	PDV		☐ DELETE	2.1 TITLE			]	Change	Addition		
NAME	ELLIS, PHILLIP			2.2 NAME							
STREET ADDRESS	1280 SARNO RD	135		2.3 STREET ADDRESS					}		
CITY-ST-ZIP	MELBOURNE FL		,	2.4 CITY~ST-ZIP							
TITLE			☐ DELETE	3.1 TITLE			[	Change	☐ Addition		
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET ADDRESS							
CITY-ST-ZIP				3.4. CITY-ST-ZIP							
TITLE			☐ DELETE	4.1 TITLE		-		Change	☐ Addition		
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET ADDRESS							
CITY-ST-ZIP				4.4 CITY-ST-ZIP							
TITLE			☐ DELETE	51 TITLE			!	Change	Addition		
NAME				5.2 NAME							
STREET ADDRESS				53 STREET ADDRESS							
CITY-ST-ZIP				54 CITY-ST-ZIP							
TITLE			☐ DELETE	6.1 TITLE			[	Change	☐ Addition		
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET ADDRESS							
CITY-ST-ZIP				6.4 CITY-ST-ZIP					]		

14. I hereby certify that the information supplied with this filling 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 supplier enal ε nnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I ε m an officer or director of the corporation or the ecciver or trustee empowered to εxecute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or or per attach ment with an address, with a lother like empowered.

SIGNATURE:

AND TYPED OR F BINTED NAME OF SIGNING OFFICER OR DIRECTOR