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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P92000011935 (3)

ANGLO-CONTINENTAL MARKETING U.S.A. INC.

FILED Jan 23 1998 8:00am Secretary of State



						<u> </u>			
Principal Place of Business Mailing Address									
SUITE 5313. 8	80 A1A SOUTH	706 ALDEN WAY							
BEACH BLVD		MOULTRIE CREEK				DO NOT WRITE IN THIS SPACE			
ST AUGUSTINE FL 32084		ST AUGUSTINE FL 32086			-	Date Incorporated or Qualified			
						12/14/1992			
2, Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		αA	plied For
21		26				59-3176749			t Applicable
Suite, Apt.	W. etc.	Suite, Apt. #, etc.	<u> </u>					\$8.75	dditional
22		27				5. Certificate of Status Desired		Fee Re	quired
City & State)	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has	paid the cur		
24	25	29	30			Personal Property Tax due Ju			No
	g. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New	Registered	Agent	
	NDÍC, MARK			81 Na	me				-
706 ALDEN WAY				82 Str	eet Addres	s (P.O. Box Number is Not Accep	table)		
	ULTRIE CREEK		<u> </u>						
ST	AUGUSTINE FL 32086			83					
			ŀ	84 Cit	у		FL	85 Zip 0	Code
	10	Table Con Classical Plant	ا ماله مال	2010 000	nod soron	ration authorite this statement for th	O DUITOOSO O	changing its	e registered
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 little if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE									
	OFFICERS AND	``	13.	Agent sign	iotti e reguirea	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12
12. TITLE	P	DELETE	1.1 30	LE.		71001131313131313131313		Change	☐ Addition
NAME	MANDIC, SUE-JANE M	_	1.2 N/						1
STREET ADDRESS	STE 5313, 880 A1A S, BEACH	BLVD		REET ADDR	FSS				
CITY-ST-ZIP	ST AUGUSTINE FL 32084			TY-ST-ZIP					
TITLE	V/I	DELETE	2111					Change	Addition
NAME	MANDIC, MARGOT W		2 2 N/	ME	:				
STREET ADDRESS	STE 5313, 880 A1A S, BEACH	BLVD	4	23 STREET ADDRESS					
City-St-ZIP	ST AUGUSTINE FL 32084			ITY-ST-ZIP	- 1				
TITLE	8	DELETE	3.1 TI					Change	Addition
NAME	MANDIC, ZELJKO P		3.2 N/		-				
STREET ADDRESS	STE 5313, 880 A1A S, BEACH	BLVD		REET ADDR	ESS				
CITY-ST-ZIP	ST AUGUSTINE FL 32084			ITY-ST-ZIP	- 1				
TITLE	<u></u>	DELETE	4.1 10		1			Change	Addition
NAME		_	4. 2 N		1				
STREET ADDRESS			4.3 ST	REET ADDR	ESS				ļ
CITY-ST-ZIP				TY-ST-ZIP]
TITLE		DELETE	5.1 TI		—			Change	Addition
NAMÉ			5.2 N/	AME .					
STREET ADDRESS			5.3 \$1	REET ADDR	ESS				
CITY - ST - ZIP				TY-ST-ZIP					
TITLE		DELETE	6.1 TO		1			Change	Addition
NAME			6.2 N/	AME					
STREET ADORESS				REET ADDR	ESS				
CITY-ST-ZIP				TY-ST-ZIP					
0111-01-11			0.10			- No 440 07/07/10 Florido Statuto	16.46.44.4	white the state of	information

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 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 clanged, Include with an address.

& SUE-DANG MANDIC

[90H]H71-HH46 1-12-98