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Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90009 046 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P92000011935V**

1. Corporation Name

ANGLO CONTINENTAL MARKETING U.S.A. INC.

Principal Place of Business

FLORIDA U.S.A.

Mailing Address

**APT. # 5313
880 AIA BEACH BLVD.
ST. AUGUSTINE
FL. 32084. U.S.A.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FLORIDA U.S.A.

2a. Mailing Address

**APT. # 5313.
880 AIA BEACH BLVD.
ST. AUGUSTINE**

3. Date Incorporated or Qualified

FEBRUARY 1993

Suite, Apt. #, etc.

5313

Suite, Apt. #, etc.

5313

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

City & State

ST. AUGUSTINE FL.

City & State

**ST. AUGUSTINE
FL.**

Zip

32084

Country

U.S.A.

Zip

32084

Country

U.S.A.

9. Name and Address of Current Registered Agent

**MARK MANDIC
706 ALDEN WAY
ST. AUGUSTINE
FL. 32086**

10. Name and Address of New Registered Agent

**81 Name SUE-JANE M. MANDIC
82 Street Address (P.O. Box Number is Not Acceptable)
APT. #5313 880 AIA BEACH BLVD.
83
84 City ST. AUGUSTINE FL 85 Zip Code 32084**

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.

SUE-JANE M. MANDIC
(NOTE: Registered Agent signature required when reinstating)

**JULY 10
JUNE 1999**
DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **SUE-JANE M. MANDIC**
STREET ADDRESS **APT. 5313 880 AIA BCH. BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE FL. 32084**

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **MARGOT W. MANDIC**
STREET ADDRESS **APT 5313 880 AIA BCH. BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE FL. 32084**

TITLE **SECRETARY / TREASURER** ☐ DELETE
NAME **ZELJKO P. MANDIC**
STREET ADDRESS **APT. 5313 880 AIA BCH. BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE FL. 32084**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUE-JANE M. MANDIC

7-10-99

Date

Daytime Phone #

904 471-4446

904-288-0719

CH. 334

CR2E034 (11/98)