

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90181 003 ***150.00

DOCUMENT # P93000040665

1. Corporation Name

CARIBBEAN TRADING CORPORATION OF ORLANDO

Principal Place of Business

322 N. E.R. 427
LONGWOOD FL 32750
US

Mailing Address

P.O. BOX 521267
LONGWOOD FL 32752
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1993

4. FEI Number
59-3190976

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

21 1142 LAURA ST

Suite, Apt. #, etc.

22 City & State
CASSELBERRY FL

23 Zip 32752 Country USA

24 32752 25 USA

2a. Mailing Address

26 70 Box 521267

Suite, Apt. #, etc.

27 City & State
LONGWOOD - FL

28 Zip 32752 Country USA

29 32752 30 USA

9. Name and Address of Current Registered Agent

ROGER CYMMING
1142 LAURA ST
CASSELBERRY FL 32707

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 DIRECTORS

TITLE ☐ DELETE

NAME PD
CUMMING, MARY M.
STREET ADDRESS 1142 LAURA ST.
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME T
CUMMING ROGER
STREET ADDRESS 11420 LAURA ST
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME VD
CUMMING, ROGER
STREET ADDRESS 1142 LAURO ST
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME S
CUMMING, MARY M
STREET ADDRESS 1142 LAURA ST
CITY-ST-ZIP CASSELBERRY FL 32707

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99

699-2184

CR2E034 (11/98)