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

Mailing Address

6939 HACHEM DRIVE

PORT RICHEY FL 34668

PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000051256 1. Corporation Name

Principal Place of Business

11721 US HWY 19

PORT RICHEY FL 34668

USA FLEAMARKET, INC.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3197242 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required \ 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible ŪNo 29 30 Personal Property Tax. Yes 🗌 Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HACHEM, S Street Address (P.O. Box Number is Not Acceptable) 6939 HACHEM DR SUITE B1 83 PORT RICHEY FL 34668 Zip Code 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE HACHEM, SAM NAME 1.2 NAME 6939 HACHEM DR 1.3 STREET ADDRESS STREET ADDRESS PORT RICHEY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DST ☐ DELETE ☐ Change TITLE 2.1 TITLE HACHEM, LAURICE 2.2 NAME NAME 6939 HACHEM DR STREET ADDRESS 2.3 STREET ADDRESS PORT RICHEY FL 34668 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90083 006 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/22/1993

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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