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 # P93000059324 (2)

COLONIAL TRADING, INC.

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address) (ABINDE 140 INCO 14111 ABIN BOILL BOILL BOILL BOILL BING 10141 BING 11411 BING 1141 BING 11411 BI		
2680 ENGLISH IVY CT. WINFIELD NORTH				2680 ENGLISH IVY CT. WINFIELD NORTH					
LONGWOOD FL 32779				LONGWOOD FL 32779				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified 08/24/1993	
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number Applied For	
21			26	26				NOT APPLICABLE Not Applicable	
Suite, Apt. #, etc.				Suite, Apt ₩, etc.				5. Certificate of Status Desired S8.75 Additional	
22			27	27				Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Zip		Country	<u></u>	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible	
24		25	29		30	<u>」</u>		Personal Property Tax due June 30. Yes No	
		and Address of Cu	rrent Regis				Nama	10. Name and Address of New Registered Agent	
	MERS, ED					B1 Name			
2680 ENGLISH IVY CT.							82 Street Address (P.O. Box Number is Not Acceptable)		
WINFIELD NORTH LONGWOOD FL 32779						B3			
LO	NGWUUD	FL 32//9				"			
						84	City	FL 85 Zip Code	
11. Pursuant	to the provis	ions of Sections 607	0502 and 6	07.1508. Florida Statut	les, the a	bove	-named c	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
office or re	egistered aç m tamiliar w	gent, or both, in the S ith, and accept the c	State of Florid Ibligations of	la. Such change was , Section 607.0505, Fl	authorize orida Stal	d by tutes	the corpo i.	poration's board of directors. I hereby accept the appointment as registered	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SIGNATURE Signature, typed or printed name of registered agent and title if apply able (NOTE: Reg						d Age	nt signature r	required when reinstating) DATE	
12.		OFFICERS	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			☐ DELETE	1,1 TI		İ	Change Addition	
NAME				1.2 6					
STREET ADDRESS							ADDRESS		
CITY - ST - ZIP	LUNGY	VOOD FL 32779			_	TY-S	T-ZIP	Change Addition	
TITLE		_		2.1 TI			Li thange Li Addition		
NAME					2.2 N/				
STREET ADDRESS	s					2.3 STREET ADDRESS			
CITY-ST-ZIP	ZIP						ST - ZIP	Change Addition	
TITLE				_			ł	L Change Addition	
NAME					3.2 N				
STREET ADDRESS							ADDRESS		
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TITLE				C DETELE	4.1 TI			- Country - Value	
NAME					4.21		ADDOCCO		
STREET ADDRESS						ADDRESS			
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TITLE				_ octor	5.1 U				
NAME							ADDRESS		
STREET ADDRESS									
CITY-ST-ZIP	. <u></u>			DELETE	5.4 C 6.1 Ti	ITY-S	1-ZIP	Change Addition	
TITLE					6.1 T				
NAME							*DDOLOU		
STREET ADDRESS						6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
CITY - ST - ZIP					6.4 Ç	11 T - S	i - 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 altachment with an address.

SIGNATURE:

407 333 4717