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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 20 AM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001545870
-07/25/95-01109-001
STATE OF FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000066725 (1)**

1. Corporation Name
PALM COAST TRADING CORP.

Principal Place of Business Mailing Address
**106 WHISPERING PINE DR
PALM COAST FL 32137 164
US** **PO BOX 352990
PALM COAST FL 32135
US**

2. Principal Place of Business 2a. Mailing Address
21 26

State Apt # etc State Apt # etc
22 27

City & State City & State
23 28

Zip Country
24 32164 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
09/20/1993 01/25/1994

4. FEI Number Applied For
APPLIED FOR 59-3221238 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financials \$5.00 May Be Added to Fees
Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
**MOREIRA, ROY
106 WHISPERING PINE DR
PALM COAST FL 32137**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0947 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 607.0947 Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: MOREIRA, ROY 12.2 STREET ADDRESS: 13 UTILITY DR., BOX 8 12.3 CITY & STATE: PALM COAST FL 32137	13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.3 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: MOREIRA, NATALIA 12.5 STREET ADDRESS: 13 UTILITY DR., BOX 8 12.6 CITY & STATE: PALM COAST FL 32137	13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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