

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 32107 164
US

PO BOX 352990
PALM COAST FL 32135
US

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

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc

26 State Apt # etc

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

22 City & State

27 City & State

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

23 Zip

28 Zip

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

24 32164

29 32135

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOREIRA, ROY
106 WHISPERING PINE DR
PALM COAST FL 32137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0942 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 607.0942 Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95

12-1 NAME: D MOREIRA, ROY	13-1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 STREET ADDRESS: 13 UTILITY DR., BOX 8	13-2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 CITY & STATE: PALM COAST FL 32137	13-3 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 NAME: D MOREIRA, NATALIA	13-4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 STREET ADDRESS: 13 UTILITY DR., BOX 8	13-5 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 CITY & STATE: PALM COAST FL 32137	13-6 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 NAME: <input type="checkbox"/>	13-7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 STREET ADDRESS: <input type="checkbox"/>	13-8 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-9 CITY & STATE: <input type="checkbox"/>	13-9 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-10 NAME: <input type="checkbox"/>	13-10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 STREET ADDRESS: <input type="checkbox"/>	13-11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-12 CITY & STATE: <input type="checkbox"/>	13-12 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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
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
13-7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13-8 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13-9 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13-10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13-11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13-12 CITY & STATE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and true, not equally for the exemptions stated in Sections 11.0115-11.0116 Florida Statutes. Further, I certify that the said resolutions authorized the filing of this report of supplemental annual report of this corporation and that my signature shall have the same legal effect as if made under oath. That I am an officer or clerk for the corporation or the resident or foreign incorporator for this report as required by Chapter 140, Florida Statutes, and that my name appears on the block of stock of the corporation as an authorized officer.

SIGNATURE:

Roy Moreira
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROY MOREIRA

MAY - 18 - 95 - 904-445-6821