

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000066725 (1)**

1. Corporation Name  
**PALM COAST TRADING CORP.**



Principal Place of Business: **106 WHISPERING PINE DR, PALM COAST FL 32164, US**  
Mailing Address: **PO BOX 352690, PALM COAST FL 32135, US**

3. Date Incorporated or Quashed: **09/20/1993**  
3a. Date of Last Report: **07/20/1995**  
4. FEI Number: **59-3221238**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. State, Apt. #, etc.; 22. City & State; 23. Zip; 24. Country  
2a. Mailing Address: 26. State, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country; 30. Country

9. 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. City; 84. City; 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MOREIRA, ROY</b>	12. NAME	
STREET ADDRESS	<b>13 UTILITY DR., BOX 8</b>	13. STREET ADDRESS	<b>106 Whispering Pine Drive</b>
CITY-STATE-ZIP	<b>PALM COAST FL 32137</b>	14. CITY-STATE-ZIP	<b>Palm Coast, FL, 32164</b>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MOREIRA, NATALIA</b>	22. NAME	
STREET ADDRESS	<b>13 UTILITY DR., BOX 8</b>	23. STREET ADDRESS	<b>106 Whispering Pine Drive</b>
CITY-STATE-ZIP	<b>PALM COAST FL 32137</b>	24. CITY-STATE-ZIP	<b>Palm Coast, FL, 32164</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changing, or on an attachment with an address.

SIGNATURE: **ROY MOREIRA**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PI-31-96 DATE: 704-445-6821

CR2E034 (12/95)