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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000066725 (1)**

1. Corporation Name

PALM COAST TRADING CORP.

Principal Place of Business	Mailing Address
106 WHISPERING PINE DR PALM COAST FL 32164 US	PO BOX 352890 PALM COAST FL 32135 US

3. Date Incorporated or Qualified: **09/20/1993**
3a. Date of Last Report: **07/20/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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

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
84 City **FL** 85 Zip Code

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 required from officer or director of the corporation) (New Registered Agent signature required before mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE NAME STREET ADDRESS CITY-ST-ZIP	D MOREIRA, ROY 13 UTILITY DR., BOX 8 PALM COAST FL 32137 ☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☒ Change ☐ Addition 106 Whispering Pine Drive Palm Coast,Fl, 32164
2 TYPE NAME STREET ADDRESS CITY-ST-ZIP	D MOREIRA, NATALIA 13 UTILITY DR., BOX 8 PALM COAST FL 32137 ☐ DELETE	2 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☒ Change ☐ Addition 106 Whispering Pine Drive Palm Coast, Fl,32164
3 TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I 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)(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.

SIGNATURE: Roy Moreira 01-31-96 904-445-6821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number