**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000073427

1. Corporation Name

EXOTICA INTERNATIONAL, INC.

	·	ŀ			
Principal Place of Business Mailing Address					
20413 NW 190TH AVE HIGH SPRINGS FL 32643 US		C/O ACCOUNTING \$ BUSINESS CONSULTANTS 790 E. BROWARD BLVD. #302 FT.LAUDERDALE FL 33301-2077 US		LTANTS	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/22/1993
2. Principal Place of Business  2a. CMailing Address C/O COUNT			ng & Business		4 FEI Number
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		<b>⊢</b>	7 . <b>.</b>		5. Certificate of Status Desired  Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		Ft. Lauderdal	Ft. Lauderdale FL		Trust Fund Contribution Added to Fees
Zip	Country	Zip Coun 29 33316 30 U			8. This corporation owes the current year Intangible  Personal Property Tax  X Yes □ No
24	9. Name and Address of Current	<u> </u>	1	<u> </u>	Personal Property Tax.
	9. Name and Address of Curren	Registered Agent	81	Name	to. Hallo allo years of the tage of ta
Greenwald, Tedd S.			82	Street Ar	ddress (P.O. Box Number is Not Acceptable)
20413 NW 190TH AVE					Sarras (F. S. Box Harrison & Victor Geophics)
HIGH	H SPRINGS FL 32643		83		
			84	City	85 Zip Code
	<u> </u>			•	FL IS 27 000
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was authoriz	zed by t	-named co he corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (MOTE: Registe	rad Anont	signature regi	uired when reinstating) DATE
12.	OFFICERS AN	<del></del>	3.	signitiana roq	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		1 TITLE		☐ Change ☐ Addition
NAME	GREENWALD, TEDD S.	1.3	NAME		
STREET ADDRESS	ACARA BRAL ACCOUNT BUT	1.3	STREET	ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	1.4	CITY-ST	·ZIP	
TITLE	VPD	☐ DELETE 2.	2.1 TITLE		☐ Change ☐ Addition
NAME	FLOWERS, MARY ELLEN	23	2 NAME		
STREET ADDRESS		2.3	STREET.	ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643		4 CITY-ST	r-ZIP	
TITLE _		☐ DELETE 3.	TITLE		☐ Change ☐ Addition }
NAME			2 NAME	_	
STREET ADDRESS			3 STREET	1	•
CITY-ST-ZIP			4. CITY-ST 1 TITLE	r-ZIP	☐ Change ☐ Addition
TITLE		<del>-</del> ' ' ' ' '			
NAME			2 NAME	AODDEÉÉ	
STREET ADDRESS			STREET.		
CITY-ST-ZIP			4 CITY-ST- 1 TITLE	-217	☐ Change ☐ Addition
NAME		_	2 NAME		
STREET ADDRESS		5.3	STREET.	ADDRESS	
CITY-ST-ZIP	]	5.4	4 CITY-ST	-ZIP	
TITLE		☐ DELETE 6:	TITLE		☐ Change ☐ Addition
NAME	1	6.2	2 NAME		
	·			ADDRESS	

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90069 044 \*\*\*150.00