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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000087179 1. Corporation Name

FLEY IMPORT INC

TELX IIVI OITT, IIVO		
Principal Place of Business	Mailing Address	
169 LINCOLN RD.	169 LINCOLN RD.	

## Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90093 029 \*\*\*150.00



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21		26						<u>65-0452</u>	848			***		Applicable
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City & State	e ·	<b>⊢</b>	City & State				6.	Election Ca Trust Fund		-			dded to	May Be
23 Zin	Country	28	Zip	Col	untry			This corpor			ront voor			71603
Zip	, <del>, ,</del>	29	Zip	30	ariti y		8.	Personal P			ent year	intangibit □ Ye		□No
24	9. Name and Address of Current		ered Agent	[30]	T		10.	Name and			Registere			
<u> </u>	- Hame and Address of Current	· vehien	oron Agelit		81	Name				•				
DE S	SOUZA, CELIO										-1-1-5			****
	LINCOLN ROAD, SUITE 303				82	Street Ad	ddress (P	O. Box Nu	mber is No	t Accept	able)			
	MI BEACH FL 33139				83				,			-		
			•											
	•		•		84	City					F	85	Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	2 and 60	7 1508 Florida Sta	atutes the a	hove	e-named co	orporation	n submits th	is statemer	nt for the	numose	of chang	ing its	registered
l office or re	enistered agent, or both, in the State o	of Florida	s Such change wa	is authorize	a bv i	the corpora	ation's bo	oard of direc	tors. I here	by acce	pt the app	pointmen	t as reg	jistered
agent. I ai	m familiar with, and accept the obligati	tions of, S	Section 607.0505,	Florida Stat	tutes.	•								
SIGNATURE	Signature, typed or printed name of registered agent	h elit boe to	applicable /N	IOTE: Registere	d Agen	nt signature requ	uired when r	reinstating)			DATE			
	Signature, typed or printed name of registered agent OFFICERS ANI			IOTE: Registered		nt signature requ		reinstating)	/CHANGES	S TO OF		AND DIF	ECTO	RS IN 12
SIGNATURE  12.	OFFICERS AND		CTORS	13.					/CHANGES	S TO OF			RECTO	RS IN 12
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CITY-ST-ZIP 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.

**SIGNATURE:**