## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000010786 (9) 1. Corporation Name ACENIA TRADILLO COMPANY, INC.

## FILED Mar 25 1998 8:00am Secretary of State

AGEMA TRADING COMPANY, INC.				 
Principal Place	e of Business	Mailing Address		
4724 DEVON LAME P.O. BOX 7466 JACKSONVILLE FL 32210 JACKSONVILLE FL 32236			238-7466	DO NOT WRITE IN THIS SPACE
•				3. Date Incorporated or Qualified
2 Principal P	lace of Business	2a. Mailing Address		02/04/1994 4. FEI Number Applied For
21	lace of Business	26		59-3228439 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		S8 75 Additional
22		27		6. Certificate of Status Desired Fee Required
City & State	е	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
	JRRAS, JAY B 724 DEVON LANE		81 Nar	
JACKSONVILLE FL 32210			<b>82</b> Stre	reet Address (P.O. Box Number is Not Acceptable)
			83	
ĺ			84 City	ty B5 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stati im familiar with, and accopt the oblig Signature, typed or printed harne of registered ag			med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	KURRAS, JAY B		1.2 NAME	
STREET ADDRESS	4724 DEVIN LIN		1.3 STREET ADDRE	RESS
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	ST	DELETE	2.1 TITLE	Change [] Addition
NAME	KURRAS, JOANN		2.2 NAME	•.
STREET ADDRESS	4724 DEVON LN JACKSONVILLE FL		2.3 STREET ADDRE	
CITY-ST-ZIP TITLE	JACKSORVILLE FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	C ouglige C voultor
STREET ADDRESS			3.3 STREET ADDRE	NESS (
CITY-ST-ZIP			3.4. CITY-ST-ZIP	1
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRE	RESS
CITY'-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	51 TITLE	Change Addition
RAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	Channe Addition

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 open attachment with an address.

SIGNATURE:

STREET ADDRESS

ay 3/ Vinor

Jay B Kurras

3-18-98 9043844914

R2E034 (10/97)