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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P94000012679

1. Corporation Name

ORYAL EXPORT COMPANY	•
Principal Place of Business	Mailing Address
575 34TH AVE. SW VERO BEACH FL 32968	575 34TH AVE. SW VERO BEACH FL 32968
2. Principal Place of Business	2a. Mailing Address
21) Suite Ant # eta	26 Suite And # 11

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90045 036 \*\*\*158.75

ORYAL	EXPORT COMPANY							
<u> </u> 		•			1 1801100) 120 16011 A1011 00011 A	DIA BANKADIR		
Principal Pla	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		- 1 (84)(989) )(0 (3)()(8)()( 30)() 6)		INDIA BINIO BINI	19910 (91) (96)
575 34TH AVE	E. SW	575 34TH AVE. SW						
VERO BEACH	FL 32968	VERO BEACH FL 32968						
	•				DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					02/10/1994			1
<b>—</b>	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26			59-3231094		No	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	X	\$8.75	Additional
22		27			J. Governance of Orlands Desired	P4	Fee Re	quired
City & Sta	ite	City & State			6. Election Campaign Financing		\$5.00	May Be .
23		28			Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Inta	ıngible	_
24	25		30		Personal Property Tax.		☐ Yes	<b>Z</b> No.
	9. Name and Address of Currer	nt Registered Agent	81 Nat		10. Name and Address of New F	Registered A	igent	
MAI	RTIN, TIMOTHY J.		81 Nar	ne	•			ļ
	34TH AVENUE SW		82 Stre	eet Addre	ss (P.O. Box Number is Not Accepta	ible)		
	O BEACH FL 32968	•	-		·			
	÷		83					
	· · · · · · · · · · · · · · · · · · ·		84 City	1		FL	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the above nam	ad corpo	ration cultimits this statement for the		honoine ite	
onice or	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was at	thorized by the co	orporation	station subtrites this statement for the his board of directors. I hereby accept	t the appoin	tment as re	gistered
SIGNATURE	· · ·		da Giaidios.					
	Signature, typed or printed name of registered agei		Registered Agent signat	ure required v	when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS ANI		
TITLE	D .	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	MARTIN, TIMOTHY J		1.2 NAME		,			
STREET ADDRESS	575 34TH AVE. SW		1.3 STREET ADDRE	:SS				ĺ
CITY-ST-ZIP	VERO BEACH FL 32968		1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE	- 1			☐ Change	Addition
NAME	LOTT, ROBERT S		2.2 NAME					
STREET ADDRESS	· ·			1		•		J
CITY-ST-ZIP	TAMPA FL		2.3 STREET ADDRE	:ss		٠		
TITLE			2.3 STREET ADDRE 2.4 CITY-ST-ZIP	ss				
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	न्यक्ताक्ष्या च्या ( <sup>2</sup> विष्य ) हुन्या	DELETE .	2.4 CITY-ST-ZIP	iss .	ಿ ಚರಿತ ಅಂತಾಯ ಅವರ ಚಿತ್ರಗಳಿಗೆ . ಕ	# - ±	Change	_
STREET ADDRESS	निक्षाचित्रचा (चीत्र , कुमा) (	DELETE .	2. 4 CITY-ST-ZIP		to the second as an inger process to the second	_~ ===	. ☐ Change	_
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		☐ DELETE .	2.4 CITY-ST-ZIP 3.1 TITLE; 3.2 NAME 3.3 STREET ADDRE		to the second		Change	_
CITY-ST-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE; 3.2 NAME 3.3 STREET ADDRE 3.4, CITY-ST-ZIP		to the second se	E		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	- इ.स.च्या च्या (चित्र <u>)</u> कृत्र र	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE; 3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	SS	The second section of the section of t		☐ Change	☐ Addition
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6.4 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: \(\frac{1}{2}\)