

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90067 047 ***150.00

DOCUMENT # P94000034790

1. Corporation Name
TRADEWORKS, INC.

Principal Place of Business
5508 SATEL DR
ORLANDO FL 32810

Mailing Address
5508 SATEL DR
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

59-3247048

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 145 Palani Street
Suite, Apt. #, etc.

2a. Mailing Address
26 145 Palani Street
Suite, Apt. #, etc.

23 City & State
Hilo, HI

28 City & State
Hilo, HI

24 Zip Country
96720 USA

29 Zip Country
96720 USA

9. Name and Address of Current Registered Agent

DEL CASTILLO, KRISTIN R
5508 SATEL DR
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
Michelle Ziegenbein

82 Street Address (P.O. Box Number is Not Acceptable)
Taylor + Ziegenbein

83 3535 Lawton Road, Suite 115

84 City Orlando FL 85 Zip Code 32803

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/99

12. OFFICERS AND DIRECTORS

TITLE PSTO
NAME DEL CASTILLO, KRISTIN R
STREET ADDRESS 5508 SATEL DR
CITY-ST-ZIP ORLANDO FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTO
1.2 NAME McGrath, Kristin
1.3 STREET ADDRESS 145 Palani St.
1.4 CITY-ST-ZIP Hilo, HI 96720

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristin McGrath 4-2-99 808-961-6660

Date

Daytime Phone #

0559739

CR2E034 (11/98)