

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000040206 (2)

1. Corporation Name

DROITCHEN TRADING COMPANY

Principal Place of Business

8649 NORTH HIMES
SUITE 907
TAMPA FL 33614

Mailing Address

P.O. BOX 624
ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 14845 N Dale Mabry

2a. Mailing Address

25 P.O. Box 624

4. FEI Number

59-3245719

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Tampa FL

City & State

28 ODESSA FL 33556

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33618

Zip

Country

29 33556

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

61 Name ADAM EPSTEIN

62 Street Address (P.O. Box Number is Not Acceptable)

14845 N. Dale Mabry Hwy

63

64 City TAMPA FLORIDA FL

65 Zip Code 33618

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

ADAM EPSTEIN

(Signature, typed or printed name of registered agent and title if applicable)

(Typed, signed, and dated name of corporation and address)

5/12/95

(Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	EPSTEIN, A. N
STREET ADDRESS	8649 NORTH HIMES, SUITE 907
CITY, ST, ZIP	TAMPA FL 33614
TITLE	v Pres.
NAME	EPSTEIN E.E.
STREET ADDRESS	6135 Savoy Circle
CITY, ST, ZIP	Lutz FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ADAM EPSTEIN

Adam Epstein

8/13 96-8555

(Signature and typed or printed name of signing officer or director)

(Date)

(Filing Number)