

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000054266 (9)

1. Corporation Name

JACKSONVILLE INTERNATIONAL TRADE GROUP, INC.



Principal Place of Business

136 EAST BAY ST.
JACKSONVILLE FL 32202

Mailing Address

136 EAST BAY ST.
JACKSONVILLE FL 32202

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COOPER, WILLIAM G
136 EAST BAY ST.
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

07/21/1994

3a. Date of Last Report

02/10/1995

4. FEI Number

59-3260423

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME COOPER, WILLIAM G
STREET ADDRESS 136 EAST BAY ST.
CITY-STATE-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VPD
NAME PITMAN, DONALD D.
STREET ADDRESS 5400 LONGLEAF ST
CITY-STATE-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VPD
NAME TSENG, FU MEI
STREET ADDRESS PO BOX 12414 UNIVERSITY STATION
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE STD
NAME MINER, W.A.
STREET ADDRESS 1521 RIVERSIDE AVE
CITY-STATE-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME DAI, DAVID
STREET ADDRESS 2855 N. BERKELEY LAKE RD #17
CITY-STATE-ZIP DULUTH GA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE:

Willi G. Cooper, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

904 296-6900

Date

Daytime Phone

CR2E034 (12/95)