

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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90034 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000066266

1. Corporation Name  
P. SEITZ IMPORT CORPORATION

Principal Place of Business: 904 LEE BLVD, STE 101, LEHIGH ACRES FL 33936, US  
Mailing Address: PO BOX 1112, LEHIGH ACRES FL 33970, US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1994  
4. FEI Number: 65-0516269  
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: 21 511 Grand Ave., 22 Lehigh Acres FL, 23 33972 USA  
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 USA, 30

9. Name and Address of Current Registered Agent  
SEITZ, PETER  
511 GRANT AVE  
LEHIGH ACRES FL 33972

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
1.1 TITLE: PSTD, NAME: SETIZ, PETER, ADDRESS: 511 GRAND AVENUE, LEHIGH ACRES FL  
1.2 TITLE: V, NAME: SETIZ, LINA, ADDRESS: 511 GRAND AVENUE, LEHIGH ACRES FL 33936

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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] 1-25-99 941-368-2820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)