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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000092290 (3)

DOCUMENT #

1. Corporation Name SOLE EXPORTS, INC.



2480 EAST (SUITED A-5	BAY DRIVE	Mailing Address 2480 EAST BAY DRI	VE							
LARGO FL 34641		LARGO FL 34641	SUITED A-5 LARGO FL 34641		3.	Date Incorporated or Qualifie 12/19/1994	d 3a. i	3a. Date of Last Report 04/11/1995		
	ace of Business	2a. Mailing Address			4. 1	FET Number			Applied For	
21	H	[26]				59-3291190			Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			5.	Cert ficate of Status Desired			75 Additional e Required	
City & State)	City & State				lection Campaign Financing Trust Fund Contribution	[]		.00 May Be ded to Fees	
Zip 24]	Country 25	Zip 29	Country 30		- 1	This corporation has liability f	or intangib es [] No	le tax under		
	9. Name and Address of Currer	nt Registered Agent			10.	Name and Address of Nev				
			81	Name				··		
FORD, E			82	Street Addr	Iress (P.C	D. Box Number is Not Accept	lable)			
	est bay drive Fl 34640		83			· · · · · · · · · · · · · · · · · · ·				
			Ω.4	City				1557	Zer Code	
	o the provisions of Sections 607.0502			ĺ			F	-	Zip Code	
familiar wit	h, and accept the obligations of, Sect	da. Such change was authori ion 607.0505, Florida Statute	zea by the corp	oration's boar	ard of dire	ectors. Thereby accept the a	ppointmen	t as register	ed agent. I am	
	Signature, typed or printed name of registered agent		DIE Bağlaha od Agér	1.5 grid de regime	od włażnina r	state or	. DAT	 E		
		D DIRECTORS	13.		Α	ODDITIONS/CHANGES TO O				
TITLE	PD	D DIRECTORS	1. 1 THLE		A			AND DIFE CT		
TITLE NAME	PD Perry, Timothy P		1, 1 TITLE 1,2 NAME							
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sectory was the information indicated on this similar 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 trusted 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytese Phone #