FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY 15 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092937 (9)**

1. Corporation Name

BILLY ABRAMS TRADING COMPANY

Principal Place of Business	Mailing Address
5264 NE 6 AVE 18-B FT LAUDERDALE FL 33334	5264 NE 6 AVE 18-B FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. # etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. # etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 65-0541409 ☐ 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

7. This corporation has authority to issue stock as defined in 607.0401 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ABRAMS, WILLIAM S
5264 NE 6 AVE 18-B
FT LAUDERDALE FL 33334

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 Section 607.0505 (2) or (3), 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS	
01 Title 02 Name 03 Street Address 04 City, St, Zip	D ABRAMS, WILLIAM S 5264 NE 6 AVE 18-B FT LAUDERDALE FL 33334	01 Title 02 Name 03 Street Address 04 City, St, Zip	☐ Change ☐ Addition
05 Title 06 Name 07 Street Address 08 City, St, Zip		05 Title 06 Name 07 Street Address 08 City, St, Zip	☐ Change ☐ Addition
09 Title 10 Name 11 Street Address 12 City, St, Zip		09 Title 10 Name 11 Street Address 12 City, St, Zip	☐ Change ☐ Addition
13 Title 14 Name 15 Street Address 16 City, St, Zip		13 Title 14 Name 15 Street Address 16 City, St, Zip	☐ Change ☐ Addition
17 Title 18 Name 19 Street Address 20 City, St, Zip		17 Title 18 Name 19 Street Address 20 City, St, Zip	☐ Change ☐ Addition
21 Title 22 Name 23 Street Address 24 City, St, Zip		21 Title 22 Name 23 Street Address 24 City, St, Zip	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 added to the report.

SIGNATURE: William S. Abrams William S. Abrams 5/5/95 305 438-4485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone

0001868 FP