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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500007440

THC IMPORT GROUP, INC.

Principal Place of Busine									
	721 E LAKE RD S								
	TARPON SPRINGS FL 34689								

Mailing Address

721 E LAKE RD S TARPON SPRINGS FL 34689

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90207 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

US		US			DO NOT WHITE HY THIS C	17102			
					Date Incorporated or Qualifed				
es Sign <del>a,</del>	- <del></del>				01/26/1995				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For		
21		26			65-0555617	N	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional		
22		27			5. Certifcate of Status Desired	Fee R	equired		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution		to Fees		
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intar	ngible			
24	25	<del></del>	30		1	∐Yes	□No		
24	9. Name and Address of Curren	11	T	***	10. Name and Address of New Registered A	gent.			
	Of Italia distribution			81 Name					
JEFFRIES, HUGH V									
	E LAKE RD S		];	82 Street Add	ress (P.O. Box Number is Not Acceptable)				
	PON SPRINGS FL 34689			83					
1700	0.1 G. 1.11100 i E 0 1000		[						
	•		Ţ.	84 City	FI	<b>85</b> Zip	Code		
					T 100	Щ.			
office or re	opictored agent or both in the State	of Florida, Such change was all	เทกทรคด	ny the comorati	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	nanging it	s registered egistered		
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statul	tes.	,				
SIGNATURE		•					· ·		
CICITATIONE	Signature, typed or printed name of registered agei		<u> </u>	gent signature require			000 11 40		
12.		D DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	\$	( DELETE	1.1 TITL	E		☐ Change	☐ Addition		
NAME	JEFFRIES, LINDA		1.2 NAM	Æ					
STREET ADDRESS	721 E LAKE RD S		1.3 STF	EET ADDRESS			ļ		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	2.1 TITL	E		☐ Change	☐ Addition		
NAME .	المعادي الماليدي	<del>-</del> -	~ 2.2 NAM	Æ.	the contract of the contract o				
STREET ADDRESS		•	2.3 STF	REET ADDRESS			ļ		
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	3.1 TITI			Change	Addition		
			3.2 NA						
NAME	İ								
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		☐ DELETE	_	Y-ST-ZIP	4-1	Change	Addition		
TITLE			4.1 1111			go	E., 100,0011		
NAME			4.2 NA						
STREET ADDRESS			4.3 STF	REET ADDRESS					
CITY-ST-ZIP			_	Y-ST-ZIP			T a dant.		
TITLE		☐ DELETE	5.1 TITL	- 1		Change	☐ Addition		
NAME			5.2 NA	AE					
STREET ADDRESS			5.3 STF	REET ADDRESS					
CITY-ST-ZIP\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LT30.2		5.4 CIT	Y-ST-ZIP					
TITLE WALL	ರೂ. ರ ಚಿತ್ರಗ	☐ DELETE	6.1 TIT	.E	-	☐ Change	☐ Addition		
NAME		•	6.2 NA	ME					
STREET ADDRESS			6.3 STF	REET ADDRESS					
			I .	Y-ST-ZIP					
CITY-ST-ZIP	1		V.4 (J)	1-31-20	· · · · · · · · · · · · · · · · · · ·				

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: