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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030802 (9)

EXPORT COMPANY OF AMERICA, INC.

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									ITII WWINN EALER		ils liet 1861
633 SOUTH A 3RD FLOOR FT. LAUDERD	andrews avenue ale fl 33301	3RD FLC	633 SOUTH ANDREWS AVENUE 3RD FLOOR FT. LAUDERDALE FL 33301					DO NOT WRITE	IN THIS S	PACE	
								3. Date Incorporated or Qualified 04/13/1995			
2. Principal Pi 21	ace of Business	2a. Mailin 26	2a. Mailing Address 26					4. FEI Number 65-0573719			optied For ot Applicable
Suite, Apt.	W, etc.	27						5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	9	City & 28	Cily & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip 24	Country 25	<u> </u>		<del></del>	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	Name and Address of Currer	it Registered A	\gent		L.			10. Name and Address of New Re	gistered A	gent	
HA	LE, R. ALAN				81	Nar	ne				
633	B <b>SO</b> UTH ANDREWS AVENUE D <b>FLO</b> OR				82	Stre	et Addre	iress (P.O. Box Number is Not Acceptable)			
	LAUDERDALE FL 33301				83						
					84	<b>'</b>			FL	1   '	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Suc	h change was:	authorize	ra by	the d	ned corpo corporatio	ration submits this statement for the pair's board of directors. I hereby acce	ourpose of pt the appo	changing it antment as	s registered registered
SIGNATURE	Signature: typed or printed name of registered age	est and title along the o	No.	H : Bon close	od Aco	ed pions	arure required	1 when reinstating)	DATE		
12.	OFFICERS AN		cite. free	13.	o rsyto	ar argin	1.ore reciones	ADDITIONS/CHANGES TO OFFIC		DIRECTOF	RS IN 12
TITLE	PD		DELETE	1.1 T	ITLE					Change	☐ Addition
NAME	HALE, MARY A			1.2 N	AME						
STREET ADDRESS	633 SOUTH ANDREWS AVEN	IUE, 3RD FLO	OOR	1.3 S	TREET	ADDRE	ss				
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			1.4 0	HTY-S	T-ZIP					
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NAME	HALE, R. ALAN			2.2 N	IAME						
STREET ADDRESS	633 SOUTH ANDREWS AVE	iue, 3rd flo	OOR	2.3 \$	TREET	ADDRE	SS .				
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NAME				3.2 N							
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NAME				5.2 N							
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CITY-ST-ZIP					HTY-S		~				
TITLE			DELETE	611		411				Change	Addition
NAME			_	621						_	
STREET ADDRESS						ADDRE	ss				
CITY-ST-ZIP					HY-S						
	certify that the information supplied w	rith this filing do	pes not qualify f				taled in S	Section 119.07(3)(i), Florida Statutes.	further cer	tify that the	information

indicated on this armost report or supplicational armost report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the corporation or the greciever or fusited 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, a on a plattaching it with an address.