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Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047846

1. Corporation Name

ST GEORGE WAREHOUSE OF FLORIDA INC

| SI GEO | nde Wanehouse of Tec | MIDA, INC. | | | | | | | | | | |
|--|---|---------------------|--|----------------|---------------|-----------------|--------------|--------------|-------------|--------------|-------------------|----------------|
| Dringing Diago | of Business | Mailing Addre | ee | | | | | | | | | KATA DIKI TRAF |
| This part last of establishment | | | ·· • | | | | | | | | | |
| 10200 10111 11111 | | | 1255 N.W. 116TH WAY EDDLEY FL 33178 | | | | | DO | NOT WRI | ITE IN THIS | SPACE | |
| | | | | | | 3 | . Date Inco | rporated o | r Qualifed | | | |
| | | | | | | | 06/16/1 | 995 | | | | ļ |
| Principal Place of Business 2a. Mailing Address | | | | | | 4 | , FEI Numb | | | | Ap | plied For |
| | | | | | | | -65-062! | | 65-0 | 5874. | 37 No | t Applicable |
| Suite, Apt. | # etc | | Suite, Apt. #, etc. | | | | | | | | \$8.75 | Additional |
| | T, 010. | 27 | | | | 5 | . Certifcate | of Status | Desired | Ш | Fee Re | quired |
| City & State | | City & State | | | | | , Election (| :empaign | Financino | | \$5.00 | May Re |
| , - | • | 28 | | | | " | Trust Fun | | | | Added t | |
| Zip | Country | Zip | | Country | | ٠, | . This corp | | | rent vear In | tangible | |
| | 25 | 29 | 30 | ה ´ | | " | Personal | | | , | ☐Yes | E/No |
| 24 | 9. Name and Address of Curren | | | <u> </u> | | 10 |). Name an | | | Registered | Agent | |
| - | 3. Haine and Address of Carren | g | | 81 | Name | | ^ | | | | | |
| OTTEN, JOHN | | | | | | | | | | | | |
| 10955 S.W. 15 ST | | | | | Street | Address (| P.O. Box N | umber is i | Not Accept | abie) | | |
| APT #111 | | | | | | | | | | | | |
| PEMBROKE PINES FL 33025 | | | | | | | | | | | | |
| , | 710112 1 1125 1 2 00020 | | | 84 | City | | | | | FL | 85 Zip (| Code |
| | | | | | | | | lhia atatan | ant for the | | - Lobangina ite | registered |
| office or re | o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida, Such ch | iange was autr | iorizea dv | tne corbo | corporation s t | on submits i | ectors. I he | ereby acce | pt the appo | intment as re | gistered |
| SIGNATURE | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg | | | | egistered Agen | t signature r | required when | | | TO TO 05 | DATE | UD DIDEOTO | DC (1) 10 |
| 12. | | ID DIRECTORS | l nev ere | 13. | | 1 | ADDITION | IS/CHANG | ES TO OF | FICERS A | ND DIRECTO Change | Addition |
| TITLE | P | L |] DELETE | 1.1 TITLE | | 1 | | | | | Change | L Addition |
| NAME | FORTUNATO, ANTHONY M | | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 30 VERRAZANO DRIVE | | | 1.3 STREET | ADDRESS | İ | | | | | | |
| CITY-ST-ZIP | MIDDLETOWN NJ | | · | 1.4 CITY-S | T- ZIP | <u> </u> | | | | | | |
| TITLE | VP | | DELETE | 2.1 TITLE | | VP | FINANC | ~ | | | Change | ☐ Addition |
| NAME | CRUET, JORGE L | | | 2.2 NAME | | | | | | | | } |
| STREET ADDRESS | 2480 SWEET RAIN WAY | | | 2.3 STREET | ADDRESS | 1. | | | | | | |
| CITY-ST-ZIP | CORONA CA 91719 | | | 2. 4 CITY-S | T-ZIP | <u> </u> | | | | | | |
| TITLE | | | DELETE | 3.1 TITLE | | JP | | | , | | Change | Addition |
| NAME | | | | 3.2 NAME | | wille | AM A. | Dillar | | | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | 1013 | 5 Smill | 'Va N' | LARC | | | ļ |
| CITY-ST-ZIP | | | | 3.4. CITY- S | T-ZIP | Atl | am A. Snell | GA | 3034 | 19 | | |
| TITLE | | | DELETE | 4.1 TITLE | | | | | | | Change | ☐ Addition |
| NAME | | | | 4. 2 NAME | | | | | | | | ì |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | .[| | | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-S | | | | | | | | į |
| CITY-ST-ZIP | | | DELETE | 51 TITLE | | 1 | | · | | | ☐ Change | Addition |

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TREES OF PRINTED NAME OF AGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

(310) 604-3620

Addition

☐ Change