

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

APPROVED
AND
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97 APR 30 PH 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000060339 (5)**

1. Corporation Name
ASTRAS INTERNATIONAL TRADING COMPANY

Principal Place of Business
**1941 SABRA DRIVE
TALLAHASSEE FL 32303**

Mailing Address
**1941 SABRA DRIVE
TALLAHASSEE FL 32303-3719**

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 **1941 SABRA DRIVE**

2a. Mailing Address
26 **1941 SABRA DRIVE**

4. FEI Number
59-3353713

Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.
22

27 Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
TALLAHASSEE FL

28 City & State
TALLAHASSEE FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
32303

25 Country
US

29 Zip
32303

30 Country
US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASTRAS, DAVID
1941 SABRA DRIVE
TALLAHASSEE FL 32303**

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



DAVID J. ASTRAS

President

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
ASTRAS, DAVE J.
1941 SABRA DRIVE
TALLAHASSEE FL 32303**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

000002171240-1

1.3 STREET ADDRESS

-05/08/97--01075--005

1.4 CITY-ST-ZIP

*****165.00 ***165.00**

TITLE ☐ DELETE

**V
ASTRAS, RANDY
1941 SABRA DRIVE
TALLAHASSEE FL 32303**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**S
WILEY, SHANNON
1030 NW 5TH STREET
BOCA RATON FL 33486**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

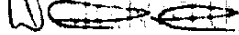
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

 **DAVID J. ASTRAS**

4/27/97

Date

561.395-1264

504.385-5436

Daytime Phone #

CR2E034 (9/96)