## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000075146 (7)

DOCUMENT # P95000075146 (7)  1. Corporation Name							
	E IMPORT/EXPORT, INC.						
Principal Place of B	Business	Mailing Address					
6829 GREENVIEW LANE ENGLEWOOD FL 34224			6829 GREENVIEW LANE				
		ENGLEWOOD FL 34224			To- Do	ate of Last Report	
					3. Date Incorporated or Qualified 09/28/1995	3a. U	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		✓ Applied For Not Applicable	
<del></del>		26				\$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required	
22		27		6. Election Campaign Financing		\$5.00 May Be	
Orty & State		City & State		Trust Fund Contribution		Added to Fees	
23		Zio Country			This corporation has liability for intangible tax under s. 199.032,		
Zip	Country	Zip	30		Fronida Statutes Yes UNO		
24	9. Name and Address of Curren	29 29 Agent			10. Name and Address of New	Registere	ed Agent
	9. Name Bito Accided 5		81				
CORPORATION SERVICE COMPANY			82	Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET				2 Street Address v			
	ASSEE FL 32301-2525		83				
TALLATIASSEE TE SESSI ESES			84 City				85 Zip Code
•					the table etatement for the r	umose of	changing its registered office
11. Pursuant to	the provisions of Sections 607 050	2 and 607.1508, Florida Statu	utes, the above- rized by the cont	named corpor poration's boa	ration submits this statement for the part of directors. I hereby accept the ap	pointmen	t as registered agent. I am
or registered	f agent, or both, in the Stale of Flor and accept the obligations of, S∈∈	tion 607.0505, Florida Statute	es.				
1					and the form of the first of th	DA*	F
SIGNATIONE	grange types or printed name of registers diagn		13.		ADDITIONS/CHANGES TO O	FICERS	AND DIRECTORS IN 12
12.	OFFICE HS AND BILLOTONS		1 1 10116	T	Change Additi		Change Addition
TITLE	PSTD CLARK, LEE R		1.2 NAME				
NAME	6829 GREENVIEW LANE		1.3 STREE	T ADDRESS			
STREET ADDRESS	ENGLEWOOD FL 34224	0		SI - ZIP			Change Addition
CITY - ST - ZIP	VD	DELETE	2 1 TI*LE	-			Change Addition
TITLE	CLARK, SCOTT R	R 2		:			
NAME STREET AUDRESS	446 EAST PARKLANE		2.3 STRE	ET ADDRESS			
CITY -ST-ZIP	NASHVILLE IL 62263		2.4 CHY				Change Addition
TITLE		DELETE 3 1		f T			
NAME		32		1			
STREET ADDRESS			•	EFT ADDRESS			
CITY-ST-ZIP				· S1 · ZIP			Change Addition
TITLE		☐ DELFTE	4, 1 Jiřu	i i			_
NAME			4.2 NAM	1			
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP		T BELFI	5 1 TILL	· S1-7/2			Change Addition
TITLE		<u></u>			400001]	<u> 995</u>	<u>യൂ</u> 4
NAME	l l		52 NAN 53 STH	EL LADDRESS	400001788024 -04/22/9601018009 ***200.00		
STREET ADDRESS				Y - ST - ZIF	***200.00		
CITY-ST-ZIP		T) DELETE	6 1 Til				Change Addition
THILE			6 2 NA				
NAME				REET ADDRESS			
STREET ADDRESS				Y-ST-ZIP			
CITY - ST - 7/2			0101	- <u> </u>	to for the exemption stated in Section	119.07(3)	(k), Florida Statutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 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 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 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 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 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 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 certify that the information indicated in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR