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FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000077644 (9)

1. Corporation Name  
COSMIC TRADING, INC.



Principal Place of Business  
1818 ADAMS STREET  
HOLLYWOOD FL 33020

Mailing Address  
1818 ADAMS STREET  
HOLLYWOOD FL 33020-5418

3. Date Incorporated or Qualified  
10/05/1995

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

2. Principal Place of Business  
21 7088 NW 49th street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 7088 NW 49th street  
Suite, Apt. #, etc.

4. FEI Number  
45-3667033

Applied For  
Not Applicable

22 City & State  
23 Landershill, Florida

27 City & State  
28 Landershill, Florida

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

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

24 33319  
25 Broward

29 33319  
30 Broward

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

9. Name and Address of Current Registered Agent

WIMBERLY, ROBERT JAMES  
1818 ADAMS STREET  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name  
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 and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE April 29, 1997

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------|---|--|
| TITLE                      | D                      | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WIMBERLY, ROBERT JAMES | 1.2 NAME  |  |
| STREET ADDRESS             | 1818 ADAMS STREET      | 1.3 STREET ADDRESS                                    | 7088 NW 49th street  |
| CITY-ST-ZIP                | HOLLYWOOD FL 33020     | 1.4 CITY-ST-ZIP                                       | Landershill, Florida 33319-3429  |
| TITLE                      |                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 2.2 NAME  |  |
| STREET ADDRESS             |                        | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 3.2 NAME  |  |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 4.2 NAME  |  |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 5.2 NAME  |  |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 6.2 NAME  |  |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                        | 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: *[Signature]* 4/29/97 954-572-3259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0128206

CR2E034 (9/96)