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

PROFIT CORPORATION ANNUAL REPORT

**1998** 

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086331 (2)

J & S EXPORT & TRADING, CO.

Mailing Address Principal Place of Business 221 W WATERS AVE. SUITE A 221 W WATERS AVE. SUITE A TAMPA FL 33604 TAMPA FL 33604 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 11/08/1995</u> 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 59-3349658 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Zip Country Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name LEE, JOHN E 221 W WATERS AVE. SUITE A 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33604** 83 84 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE ☐ Change 1.1 1016 TITLE LEE, SONIA M 1.2 NAME NAME 4255 W. HUMPHREY ST # 4614 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33614** 1.4 CITY - ST - ZIP CITY-\$1-ZIP Addition Change DELETE 2.1 TITLE NAME LEE, JOHN E 2.2 NAME 4255 W. HUMPHREY ST # 4614 2 3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33614** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change \_\_\_ Addition DELETE TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DEŁETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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