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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P95000096688 (3)

FILED Apr 07 1998 8:00am Secretary of State

| | TRADING CON | MPANY, INC. | Maili | ng Address | | | | | | | | |
|--|-----------------------------|--------------------------|--------------------|---------------------|--------------|--------------------|---|--|--|-------------------------|------------|------------------|
| Principal Place of Business Mailing Address 20096 BACK NINE DR. PO BOX 971111 | | | | | | | | | | | | |
| BOCA RATON FL 33497 BOCA RATON FL 33497 | | | | | | | | | 20.107.000 | | | |
| | | | | | | | | | DO NOT WRITE 3. Date Incorporated or Qualified | IN THIS | SPACE | |
| | | | | | | | | | 12/21/1995 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | | 4. FEI Number | | | Applied For | | |
| 21 | | 26 | | | | | 11-3141781 | | | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | , | 5 Additional | | |
| 22 City & State | | City & State | | | | | | | | Required | | |
| City & State | е | 28 | | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Bo ed to Fees | | |
| | Zip Country | | | 7ip Cou | | | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 | • | 29 | | 30 | | | | Personal Property Tax due June | | Yes | □ No |
| | | ddress of Curren | t Registe | red Agent | | I., | | | 10. Name and Address of New Re | gistered | Agent | |
| | NBERG, JEFFRE | | | | | 81 | Name | | | | | |
| 1 | 51 SHERIDAN ST | | | | | Street A | ddres | ss (P.O. Box Number is Not Acceptable) | | | | |
| | ITE 300 | | | | | | | | | | | |
| HO | LLYWOOD FL 33 | 021 | | | | 83 | | | | | | |
| | | | | | | 84 | City | | · | FL | 85 Z | ip Code |
| 11 Pursuant | to the provisions of | Sections 607 050: | 2 and 607 | 1508 Florida Stati | ites the a | above | e-named o | corpor | ration submits this statement for the p | ournose of | changin | a its registered |
| office or r | egistered agent, or | both, in the State | of Florida | Such change was | authorize | ed by | the corpo | oration | n's board of directors. I hereby acce | ot the app | ointment | as registered |
| | m jamiliai widi, and | accept the obliga | auons or, c | 1,0000011007 | IOHOB OR | atutoa | | | | | | |
| SIGNATURE | Signature, typed or printed | d name of registered age | nt and little if a | opticable (NC | II: Register | ed Age | int signature te | equired | when reinslating) | DATE | | |
| 12. | | OFFICERS AND | D DIRECT | | 13. | | | | ADDITIONS/CHANGES TO OFFICE | ERS AND | _ | |
| TITLE | D DILLIA COANIA | | | ☐ DELETE | | TITLE | | | | | Chang | ge L Addition |
| NAME | BLUM, FRANH 20096 BACK I | | | | | NAME | | | | | | |
| STREET ADDRESS | BOCA RATON | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | D | 11 00100 | · · · · · · · | DELETE | | CHTY - S. Title | I-ZIP | | | | Chang | ge Addition |
| NAME | BLUM, NATAL | JE | | Car octore | | NAME | | | | | | , |
| STREET ADDRESS | 20096 BACK | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | BOCA RATON | FL 33498 | | | | CITY-S | | | | | | |
| TITLE | | | | DELETE | 3.1 | TITLE | | | | | Cnang | ge 🔲 Addition |
| NAME | | | | | 3.2 | NAME | | | | | | |
| STREET ADDRESS | | | | | 3.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | Delete | | CITY - S | ST-ZIP | | | | TT 6 | |
| TITLE | | | | DELETE | | TITLE | | | | | Chang | ge L Addition |
| NAME | | | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | | CITY-S TITLE | 1-2112 | | , | | Chang | ge Addition |
| NAME | | | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | CITY-S | | | | | | į |
| TITLE | | | | DELETE | | TITLE | | | | | Chang | ge 🔲 Addition |
| NAME | | | | | 6.2 | NAME | | | | | | |
| STREET ADDRESS | | | | | 6.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | CITY-5 | | , | 10000000 | | | |
| 14. I hereby of | certify that the infor | nation supplied w | ith this filir | ng does not qualify | for the ex | kemp' | tion stated | i in Se | ection 119.07(3)(i), Florida Statutes. I | turther ce | rtify 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.