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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004483

SENECA SALES CORPORATION

| SENEOA | SALLO CON CHANCK | | | | | | | | | | | |
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| Principal Place | of Business | Mailing Address | | | | 7 | 1 (201100) (19 11 | | .,,, | | | - |
| 1827 SE 13TH S | | 1827 SE 13TH ST | | | | | | | | | | |
| CAPE CORAL F | | CAPE CORAL FL 33990 | | | | | | DO NOT 11/0 | TE IN TUIC | CDACE | | |
| | | | | | | | | DO NOT WRI | | SPACE | | |
| | | | | | | 3. | Date Incorporate 01/11/1996 | d or Qualifed | | ·, | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | s | | | 4. | FEI Number | | | A | pplied For | *: |
| | | 26 | | | | | 65-0632712 | | | | lot Applicabl | e |
| Suite, Apt. | #, etc. | Suite, Apt. #, el | tc. | | | 5. | Certifcate of Stat | tus Desired | | • | Additional | ' |
| 22 | | 27 | | | | | | | | | Required | - |
| City & State | 8 | City & State | | | | 6. | Election Campaig | _ | П | • - | May Be | ļ |
| 23 | | 28 | | | | _ | Trust Fund Cont | | | | to Fees | - |
| Zip | Country | Zip | Co | untry | | 8. | . This corporation | | rent year int | | | |
| 24 | 25 | 29 | 30 | | | ــِـــــــــــــــــــــــــــــــــــ | Personal Propert | | | ∐ Yes | □No | - |
| | 9. Name and Address of Cu | rrent Registered Agent | | ١., | | 10. | . Name and Addi | ress of New | Registered | Agent | | |
| OEN | TO A LOUIS T | | | 81 | Name | | | | | | | |
| | ECA, LOUIS T | | | 82 | Street Addr | ress (F | P.O. Box Number | is Not Accept | table) | | | _ |
| | ' SE 13TH ST | | | | | | | - No. 01 24 Ptg | energy of their | Augusta Sala | *: 12:00 (*** . 4) | - |
| CAP | E CORAL FL 33990 | | | 83 | | | | | 自批判 | 编数数 | | <u> </u> |
| - | | | | 84 | City | | | 112 18 112 14 2 15 2 2 | · · · · · · · · · · · · · · · · · · · | 85 Zip | Code | t T |
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| | to the provisions of Sections 607 egistered agent, or both, in the Si | | | above | e-named corp | ooratio | on submits this state loard of directors. | tement for the I hereby acce | FL e purpose of ept the appo | changing is intment as r | ts registered registered | |
| | to the provisions of Sections 607 registered agent, or both, in the S rm familiar with, and accept the ot Signature, typed or printed name of registere | oligations of, Section 607.05 | 05, Florida Sta | above ed by atutes | e-named corp the corporation | ed when | reinstating); | | e purpose of ept the appo | | · · · · · · · · · · · · · · · · · · · | |
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90007 044 ***150.00

14. I 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, with all other like empowered.