

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

FILED

May 01 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 # P96000004617 (2)

1. Corporation Name

EAST MEETS WEST TRADING COMPANY

Principal Place of Business

420 EAST RAILROAD AT FOURTH STREET  
BOCA GRANDE FL 33921

Mailing Address

P.O. BOX 1289  
BOCA GRANDE FL 33921-1289

3. Date Incorporated or Qualified

01/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 3545 Kendall Rd

2a. Mailing Address

26 3545 Kendall Rd

State, Apt. #, etc.

22 Rotonda, FL

State, Apt. #, etc.

27 Rotonda, FL

City & State

23 33947 USA

City & State

28 33947 USA

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AGLES, CHARLES R  
420 EAST RAILROAD AT FOURTH STREET  
BOCA GRANDE FL 33921

4. FEI Number

65-0635883

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME AGLES, CHARLES R  
STREET ADDRESS 371 GILCHRIST  
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE D ☐ DELETE

NAME CARLEY, JEFFREY G  
STREET ADDRESS 1324 C MEADOWFIELD LANE  
CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE D ☐ DELETE

NAME AGLES, PARTICIA G  
STREET ADDRESS 371 GILCHRIST  
CITY-ST-ZIP BOCA GRAND FL 33921

TITLE D ☐ DELETE

NAME CARLEY, MARY A  
STREET ADDRESS 1324C MEADOWFIELD LANE  
CITY-ST-ZIP GLEN ALLEN VA

TITLE D ☐ DELETE

NAME AGLES, ROSELLE L  
STREET ADDRESS 371 GILCHRIST, P.O. BOX 1390  
CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

Daytime Phone #

0406351

CR2E034 (9/96)