MP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

**1998**

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 | Mailing Address |
|---|---|
| 3545 KENDALL RD<br>ROTONDA FL 33947<br>US | 3545 KENDALL RD<br>ROTONDA FL 33947<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name: CHARLES R. AGLES

82 Street Address (P.O. Box Number is Not Acceptable): 3545 KENDALL RD.

83

84 City: ROTONDA FL **FL** 85 Zip Code: 33947

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] SAME AGENT 4/27/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☑ Change ☐ Addition |
| NAME | AGLES, CHARLES R | | 1.2 NAME | | |
| STREET ADDRESS | 371 GILCHRIST | | 1.3 STREET ADDRESS | P.O. BOX 1390<br>371 GILCHRIST | |
| CITY-ST-ZIP | BOCA GRANDE FL 33921 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☑ Change ☐ Addition |
| NAME | CARLEY, JEFFREY G | | 2.2 NAME | | |
| STREET ADDRESS | 1324 C MEADOWFIELD LANE | | 2.3 STREET ADDRESS | 3731 EASTBOURNE | |
| CITY-ST-ZIP | GLEN ALLEN VA 23060 | | 2.4 CITY-ST-ZIP | TROY MI 48084 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AGLES, PARTICIA G | | 3.2 NAME | | |
| STREET ADDRESS | 371 GILCHRIST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA GRAND FL 33921 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☑ Change ☐ Addition |
| NAME | CARLEY, MARY A | | 4.2 NAME | | |
| STREET ADDRESS | 1324C MEADOWFIELD LANE | | 4.3 STREET ADDRESS | 3731 EASTBOURNE | |
| CITY-ST-ZIP | GLEN ALLEN VA | | 4.4 CITY-ST-ZIP | TROY MI 48084 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☑ Change ☐ Addition |
| NAME | AGLES, ROSELLE L | | 5.2 NAME | VON STRATS, ROSELLE | |
| STREET ADDRESS | 371 GILCHRIST, P.O. BOX 1390 | | 5.3 STREET ADDRESS | 4206 ELK LANE | |
| CITY-ST-ZIP | BOCA GRANDE FL 33921 | | 5.4 CITY-ST-ZIP | ASPEN, COLORADO 81612 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | P.O. BOX 209 | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

DEP. $150.00

CR2E034 (10/97)

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.

**SIGNATURE:** [signature] 4/27/98 941-698-9410