

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90041 003 ***150.00

DOCUMENT # P96000004617

1. Corporation Name

EAST MEETS WEST TRADING COMPANY

Principal Place of Business

3545 KENDALL RD
ROTONDA FL 33947
US

Mailing Address

3545 KENDALL RD
ROTONDA FL 33947
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

65-0635883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

AGLES, CHARLES R
3545 KENDALL RD
ROTONDA FL 33947

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 3731 EASTBOURNE
CITY-ST-ZIP TROY MI 48084

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 3731 EASTBOURNE
CITY-ST-ZIP TROY MI 48084

TITLE D ☐ DELETE
NAME VONSTRATS, ROSELLE L
STREET ADDRESS 4206 ELK LANE
CITY-ST-ZIP ASPEN CO 81612

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN & PRESIDENT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS P.O. BOX 1390 410 EAST
1.4 CITY-ST-ZIP BOCA GRANDE FL 33921 RAILROAD AVE

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 P.O. BOX ~~1262~~ 410 EAST
3.4 CITY-ST-ZIP BOCA GRANDE FL, AVE. 33921

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)