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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000023184 (0)

MAYFLOWER TRADING COMPANY

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5155 ARRAPAHOE STREET 5155 ARRAPAHOE STREE 8AINT CLOUD FL 34771 SAINT CLOUD FL 34771			ET	DO NOT WRITE IN TH	
				03/14/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. N, etc.		Suite, Apt. #, etc.		59-3367233	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
] Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ad Agent
343 CO	erilawyer Chartered I Almeria Avenue Ral Gables FL 33134		82 Street Add8384 City	ress (P.O. Box Number is Not Acceptable)	
SIGNATURE	to the provisions of Sections 607,050; agistered agent, or both, in the State in familiar with, and accept the obligations typed or punited name of registered age.		tes, the above-named corp authorized by the corpora orida Statules. IE: Registered Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the a	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	REDMOND, SARAH E		1.2 NAME		Į:
STREET ADDRESS	5155 ARRAPAHOE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD FL 34771		1.4 CITY - ST - ZIP		
TITLE	D D	☐ DELETE	2.1 TITLE		Change Addition
NAME	REDMOND, RONALD		2.2 NAME		ļ
STREET ADDRESS	5155 ARRAPAHOE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD FL 34771	The state of the s	2. 4 City-ST-ZIP		7 30 7 4489
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-S1-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4.2 NAME		C Outpuilo C Tuberilori
STREET ADDRESS			4.3 STREET ADDRESS		ļ
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		6	5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		į
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	artifu that the information supplied wi	th this filing does not qualify for		Section 119 07/3Vi), Florida Statutes, Lighther	certify that the information

Indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. Turner certify that the informatic indicated on this annual report or supplienced 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 comporation or the receiver of 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 un address