SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 9. Mortham

Secretary of State DIVISION OF CORPORATIONS

·1997

DOCUMENT # P96000027917 (9)

IMPORTS OF WINTER PARK, INC.

FILED Sep 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 1806 WEST FAIRBANKS AVENUE 1805 WEST FAIRBANKS AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3366/85 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** DUFFY, MICHAEL P 727 LUDLUM DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA FL 32725 83 City 84 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, typerf or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 1.1 TITLE Change TITLE SHRAF HUSSEIN 1.2 NAME NAME 36.7 MASSON CT. STREET ADDRESS 1.3 STHEET ADDRESS INTER SPRINGS FL 32708 1.4 CITY-ST-ZIP CITY-ST-ZIP GIENN CONE-Y.PRES. Change \_\_\_ Acdition TITLE 2.1 TITLE NAME 2.2 NAME 711 St. MATHEN CIR. STREET ADDRESS 2.3 STREET ADDRESS 964. SPRINGS FL, 32714 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 31 TITLE NAME THOMAS BOSWICK 3.2 NAME 2214 DE PAW. AVE OCLANDO, FL 32804 STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change noititbA 5.1 TITL€ TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITL€ NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 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 eath; 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.

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