

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

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

99 SEP -7 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028585  
1. Corporation Name

BAHAMAS TRADING POST, INC.

Principal Place of Business Mailing Address (SAME)

1440 KENNEDY CAUSEWAY  
SUITE 300  
NORTH BAY VILLAGE, FL. 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
April 2, 1996

4. FEI Number 65-0657146 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1440 KENNEDY CAUSEWAY

2a. Mailing Address  
26 1440 KENNEDY CAUSEWAY

Suite, Apt. #, etc.  
22 SUITE 300  
City & State

Suite, Apt. #, etc.  
27 SUITE 300  
City & State

23 NORTH BAY VILLAGE, FL  
Zip 33141 Country USA

28 NORTH BAY VILLAGE, FL  
Zip 33141 Country USA

9. Name and Address of Current Registered Agent

ROBERT R. FRANK  
1440 KENNEDY CAUSEWAY  
SUITE 300  
NORTH BAY VILLAGE, FL. 33141

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 PRESIDENT  
NAME IAN MITCHELL  
STREET ADDRESS 1440 KENNEDY CAUSEWAY, STE 300  
CITY-ST-ZIP NORTH BAY VILLAGE, FL. 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

S. PAYNE SEP - 8 1999

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Robert Ian Mitchell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/1999

(305) 868-4711  
Daytime Phone #

CR2E034 (11/98)