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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90015 004 ***150.00

-97 941-9278348

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000039561**1. Corporation Name

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

GREGO IMPORTS, INC.

Principal Place	of Business	Mailing Addre	ess						
7261 S TAMIAMI TRL SARASOTA FL 34231 US		7261 S TAMIA				i			
		SARASOTA FL 34231				DO NOT WRITE IN THIS SPACE			
		us				3. Date Incorporated or Qualifed			
						05/08/1996		-	-
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	Ap	plied For	
21)		26	26			65-0663408	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired	\$8.75		
		27	27			5. Certificate of Status Desired	Fee Re	quired	
City & State			City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution	Added	o Fees	
Zip Country		Zip	Zip Cou		ry	8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curr	rent Registered Age	ent			10. Name and Address of New Registered	Agent		
-				8	1 Name				
	RILAWYER CHARTERED			5	2 Street Add	Iress (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE					Officer Address (F.S. Box Hamber is Not Acceptance)				
COR	IAL GABLES FL 33134			1	3				
				ļ.	4 00		85 Zip	Code	
				ľ	4 City	FL	. 83 2.15		
11 Pursuant	to the provisions of Sections 607.0	0502 and 607,1508. F	lorida Statutes	the abo	ve-named cor	poration submits this statement for the purpose of	changing its	registered	
affina ar r	opietorod opent or both in the Sta	ite of Florida, Such C	nance was auu	iorizea i	ov the curburat	ion's board of directors. I hereby accept the appoint	ntment as re	gistered	
agent. I a	m familiar with, and accept the obli	igations of, Section o	07.0303, Florid	a Statut	53 .				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Re	egistered A	gent signature requir	red when reinstating) DATE			<u>6</u>
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AF			CR2E034 (11/98)
TITLE	PD	☐ DELETE		1.1 TITLE			☐ Change	Addition	Ξ
NAME	WALTERS, GARY E	=		1.2 NAME				ŀ	怒
STREET ADDRESS	7261 S TAMIAMI TRL			1.3 STREET ADDRESS					0
	SARASOTA FL 34231			1.4 CITY-ST-ZIP					22
CITY-ST-ZIP	V DELETE		2.1 TITLE			☐ Change	☐ Addition	O	
	WALTERS, GREGORY			2.2 NAM	E				
NAME	TOOL O TANKALII TOI				EET ADDRESS				
STREET ADDRESS	SARASOTA FL 34231		~					l	
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition		
TITLE	-		3.2 NAM	1		-			
NAME	WALTERS, SYLVIA G								
STREET ADDRESS				1	EET ADDRESS			1	
CITY-ST-ZIP	SARASOTA FL 34231		DELETE	_	/-ST-ZIP		Change	Addition	
TITLE		I.	_) DEFE 1E	4,1 TITL					
NAME				4, 2 NA					ŀ
STREET ADDRESS					EET ADDRESS				ı
CITY-ST-ZIP					-ST-ZIP		☐ Change	Addition	ı
TITLE		l	DELETE	5.1 TITU	i		□ change	☐ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ı
NAME	1			5.2 NAA					i
STREET ADDRESS	3			5.3 STR	EET ADDRESS				i
CITY-ST-ZIP	İ		□ DELETE	5.4 CIT	'-ST-ZIP		Change	Addition	1

6.2 NAME

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.

NING OFFICER OR DIRECTOR

6.3 STREET ADDRESS