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

FILED Feb 26 1998 8:00am Secretary of State

	MENT # P9600 TRADE, INC.	00048163 (5))		8/18: 15/81 U.P.I. BOURT 19/1 9881
Principal Plac	e of Business	Mailing Address		—}	OLDEN NOUTH HIBATE BHABA INN AGAN
•	BLVD. STE 402B	4753 ESTERO BLVD. ST	F #ADR		
	BEACH FL 33931	FORT MYERS BEACH F			
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		06/03/1996 4. FE! Number	Applied For
21		26		65-0673059	Not Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z (p	Country	7ip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr			10. Name and Address of New Register	ed Agent
AU	BURN, JAMES W.		81 Name		
5117 CASTELLO DR.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
STE. #1					
NA	PLES FL 34103		83		
	^		84 City		85 Zip Code
44 6	10.11.000	600 FL 11 Office		poration submits this statement for the purpos ation's board of directors. I hereby accept the	L
SIGNATURY	Signature, typed or printed by the distriction	- /	OTE: Registered Agent signature requ		E AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	WALCZAK, RICHARD		1.2 NAME		
STREET ADDRESS	4753 ESTERO BLVD. STE 4		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 3		1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	VSD	☐ DELETE	2.1 TITLE 2.2 NAME		LI Change LI Aboution
STREET ADDRESS	WALCZAK, CHRISTEL 4753 ESTERO BLVD. STE 4	nop	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 33		2. 4 CITY-ST-ZIP		
TITLE	, on micho benonit co	DELETE	3.1 TITLE	<u> </u>	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		[] (h
TITLE		DELFTE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		٨	64 CITY-ST-ZIP		
	ertify that the information supplied	with this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

14. Thereby 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 facturate 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 empowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE

KicHAPD WALCZAK

3 941-649-115