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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055033

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

INVICTUS IMPORT EXPORT COMPANY, INC.

					I 10011881 110 10110 6141 00111 81	4101 0 0 101 0 0 101 P	Tilal Billi Apidi	† {
Principal Place of Business Mailing Address								
1352 BLUEFIELI	D ROAD	1352 BLUEFIELD ROAD			i			
ODESSA FL 33	556	ODESSA FL 33556			DO NOT WO	TE IN THIS	CDAGE	
					DO NOT WRI		SPACE	_
					 Date Incorporated or Qualifed 06/27/1996 			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21		26			65-0680933		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- C Affects of Chatter Desired		\$8.75 #	Additional
22	27			5. Certifcate of Status Desired	R	Fee Re	quired	
City & State	City & State			_6. Election Campaign Financing		\$5.00	May Be	
23		28	28		Trust Fund Contribution		Added t	
Zip	Country		Country		8. This corporation owes the curr	rent year Inta	angible	_
24	25	29 30			Personal Property Tax.	-	☐ Yes	⊠No
24)	9. Name and Address of Curre		Ţ		10. Name and Address of New	Registered /	Agent	
			81	Name				_
FURMAN, JUDITH						11.		-
1352 BLUEFIELD ROAD			82	Street Ac	dress (P.O. Box Number is Not Accept	able)		
ODESSA FL 33556			83					
755			"					
			84	City		FL	85 Zip (Code
						. –		
11, Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida Statutes, th	ie abov	e-named co	orporation submits this statement for the ation's board of directors. I hereby acce	purpose or of the appoir	changing its ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida S	Statutes	i.	Allorio Board or arradisto, tribito, etta	F F 1		١ ١
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Regis	tered Ager	nt signature requ	uired when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	FURMAN, GEORGE A		1.2 NAME					ŀ
STREET ADDRESS	ss 1352 BLUEFIELD ROAD		1.3 STREET ADDRESS					ļ
CITY-ST-ZIP	ODESSA FL 33556	1.	1.4 CITY-S	T-ZIP				
TITLE	VP		2.1 TITLE				Change	☐ Addition
NAME	ROTTMAN, DOUG J	I,	2.2 NAME					
STREET ADDRESS	603 BAY LAKE TRAIL			TADORESS				
CITY-ST-ZIP	OLDSMAR FL		2. 4 CITY-5	ĺ				
TITLE	S		3.1 TITLE				Change	☐ Addition
NAME	FURMAN, JUDITH A	_	32 NAME					
	1352 BLUEFIELD ROAD			T ADDRESS				
STREET ADDRESS	ODESSA FL 33556		_	•				
CITY-ST-ZIP	UDESSA PL 33336		3.4. CITY-5	ST-ZIP			Change	Addition
TITLE	FIDMAN HIDITLE	_	4.1 TITLE				090	
NAME	FURMAN, JUDITH A		4. 2 NAME					
STREET ADDRESS	1352 BLUEFIELD ROAD	Į.	4.3 STREE	TADDRESS				
CITY-ST-ZIP	ODESSA FL 33556		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE :	5.1 TITLE	1			Change	☐ Addition

CITY-ST-ZIP 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.

8139202766 SIGNATURE: (520

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

Addition

Change

May 10, 1999 8:00 am Secretary of State

05-10-1999 90141 020 ***158.75