

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000067455 (1)

1. Corporation Name  
TRADING TRADITIONS, INC.

Principal Place of Business  
1559 BEACH WALKER  
AMELIA ISLAND FL 32034

Mailing Address  
1559 BEACH WALKER  
AMELIA ISLAND FL 32034-6619



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3402058		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FRENCH, LAUREL K 101 CENTRE ST. FERNANDINA BEACH FL 32034				10. Name and Address of New Registered Agent			
				81 Name DONNA SIMPSON			
				82 Street Address (P.O. Box Number is Not Acceptable) 1559 BEACH WALKER ROAD			
				83			
				84 City Amelia Island FL 85 Zip Code 32034			

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 Donna Simpson - Director/Sec/Treas DONNA SIMPSON 2-11-97  
Signature by or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	D/S/T	Change	Addition
NAME	SIMPSON, DONNA			1.2 NAME			
STREET ADDRESS	1559 BEACH WALKER			1.3 STREET ADDRESS			
CITY - ST - ZIP	AMELIA ISLAND FL 32034			1.4 CITY - ST - ZIP			
TITLE	D	DELETE		2.1 TITLE	D/P	Change	Addition
NAME	SHIPPEY, KELLEY			2.2 NAME			
STREET ADDRESS	1559 BEACH WALKER			2.3 STREET ADDRESS			
CITY - ST - ZIP	AMELIA ISLAND FL 32034			2.4 CITY - ST - ZIP			
TITLE		DELETE		3.1 TITLE		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			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 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.

SIGNATURE: Donna Simpson/Donna Simpson, Director 11 Feb-1997 9043211850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)