Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90124 022 ***150.00

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 # P96000071163

1. Corporation Name

INTEX TRADING CORPORATION

Principal Place	of Business	Mailing Address				- I IMBIIMAI IIM INCIM NIIII NOILI BACII ANDIII	Titt i de ke irani cièra a	
1668 MAIN STREET		P.O. BOX 871						
SARASOTA FL 34236		SARASOTA FL 24230			DO NOT WRITE IN THIS CRACE			
US		U\$			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/26/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	H	olied For
21		26				65-0709601		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27				<u> </u>		
City & State		City & State				6. Election Campaign Financing	\$5.00 h Added to	
23		28		untry		Trust Fund Contribution		7 665
Zip —	Country	Zip	_	untry		This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curren	29	30	-		10. Name and Address of New Register		
	9. Name and Address of Curren	r Kegistered Agent		81	Name	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		
NAD	el, arthur							
	MAIN STREET			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	ASOTA FL 34236			83				
2								
				84	City		-L 85 Zip C	Code
44 Durauant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	es the a	above-i	named corpo	oration submits this statement for the purpose	e of changing its	registered
office or a	egistered agent, or both, in the State (of Florida. Such change was a	ıutnorize	a by th	e corporation	n's board of directors. I hereby accept the ap	pointment as reg	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607,0505, Fig	nga Sta	itutes.				
SIGNATURE	Signature, typed or printed name of registered egen	t and title it applicable (NOTE	Registere	d Agent s	heriuner evutennia	when reinstating) DATE		
12.		D DIRECTORS	13.		mg.noto.co.roq	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 7	TTLE	P/	SID	☐ Change	☐ Addition
NAME	NADEL, ARTHUR		1.2 N	NAME		and Arthur		ĺ
STREET ADDRESS	1706 WISCONSIN LANE		1.3 \$TRE			43 S. LIME AVE.		
CITY-ST-ZIP	SARASOTA FL 34239		1.4 CITY			43 S. LIME AVE. ARASOTA, FL 342	37	
TITLE		☐ DELETE	2.1 T	ITLE			☐ Change	Addition
NAME			2.2 N	NAME				
STREET ADDRESS			2.3 S	STREETA	DORESS			İ
CITY-ST-ZIP			2.40	CITY-ST-	ZIP			
TITLE		☐ DELETE	_	TITLE		* * * * * * * * * * * * * * * * * * * *	☐ Change	Addition
NAME			3.2 N	NAME				
STREET ADDRESS	· .		3.3 9	STREET A	DORESS			
CITY-ST-ZIP			3.4. (CITY-ST-	ZIP			
TITLE		☐ DELETE	4.1 T	TITLE			Change	☐ Addition
NAME			4.21	NAME	}			ì
STREET ADDRESS			4.3 8	STREET A	DORESS			
CITY-ST-ZIP			4.4 0	CITY-ST-	ZIP			
TITLE		☐ DELETE	_	TITLE			☐ Change	Addition
NAME			5.21	NAME				1
STREET ADDRESS			5.3 9	STREET A	DDRESS			
CITY-ST-ZIP			5.4 0	CITY-ST-	ZIP			
TITLE	·.	☐ DELETE	6.17	TITLE		-	☐ Change	☐ Addition
NAME			6.21	NAME				[
OTDEET + DDDEED			6.3.5	STREET A	DORESS			

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP