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 # P9600077471

FLORIDA SUNCOAST IMPORT AND EXPORT, INC.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90038 049 ***150.00



Principal Place of Business Mailing Address					T (BECIEBLE SIN LANCE ALLIN MENS NORTH NATIO	, 11 99 11 19911 1991 1	
3637 4TH STREET NORTH #230 3637 4TH STREET NORTH # ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704					DO NOT WRITE IN TH	IIC CDACE	
	·					IS SPACE	
					3. Date Incorporated or Qualifed 09/18/1996		
2. Principal Place of Business 2a. Mailing Address				_	4. FEI Number	An	plied For
	26				59-3415460	<u> </u>	t Applicable
26						\$8.75 A	Additional
22	27				5. Certifcate of Status Desired	Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	This corporation owes the current year Intangible Personal Property Tax.		
24	25	29 30	0]	_	10. Name and Address of New Registere		
	9. Name and Address of Current	r vedizie _{ren} wâeur	8	1 Name	is, datte atte socioso oi isem ivogistate		
BODZIAK, JOHN C			L		(D.O. Day Mumber in Not Assessed		
3637 4TH STREET NORTH #230			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		}
ST. I	PETERSBURG FL 33704		8	:3			
		'	8	4 City		85 Zip C	Code
					-	L 83 2.5 C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	horized b	ov the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as reg	registered gistered
SIGNATURE					d when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Ag	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12. πιε	P	DELETE	1,1 TITLE		7,00111011070111111020 0 0.11102110	Change	Addition
NAME .	BODZIAK, JOHN C	_	1.2 NAMI				
STREET ADDRESS	3637 4TH STREET NORTH #23	ΣÚ		ET ADDRESS	•		
CITY-ST-ZIP	ST. PETERSBURG FL 33704	,0	1.4 CITY				
TITLE	OF TETERODORIGITE GO/ GT	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	•		2.2 NAMI	E			ľ
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TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
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NAME	•		5.2 NAM	i			į
STREET ADDRESS	· , .			EET ADDRESS	•		*
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TITLE		☐ DELETE	6.2 NAM			C change	☐ , @dino(i)
NAME				EET ADDRESS			
STREET ADDRESS				-ST-ZIP			i
CITY-ST-ZIP			0.4 0111	-0,-211			

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 off an attachment with an address, with all other like empowered.

SIGNATURE: