PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90145 026 ***150.00

DOCUMENT # P96000079168

1. Corporation Name

ABC TRADING, INC.

' .
Principal Place of Business
1305 HOMESTEAD ROAD SUITE D & E LEHIGH ACRES FL 33936
2. Principal Place of Busin

Mailing Address

POST OFFICE BOX 1361

LEHIGH ACRES FL 33970-1361 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/24/1996 Applied For 2a. Mailing Address 4. FEI Number 1140 Lee Blud. Not Applicable 65-0710499 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certifcate of Status Desired Fee Required Suite 101-103 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Lehigh_A Added to Fees. Trust Fund Contribution. 28 Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PFUNER. HEINZ Street Address (P.O. Box Number is Not Acceptable) 613 L'HOMMEDIEU STREET **LEHIGH ACRES FL 33936** 83 84 Zip Code City 85

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE PISSINGER, FRANZ 1.2 NAME NAME 328 SELKIRK AVENUE 1.3 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33936 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE PISSINGER, UTE 22 NAME NAME 328 SELKIRK AVENUE 2.3 STREET ADDRESS STREET ADDRESS **LEHIGH ACRES FL 33936** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE PFUNGER, HEINZ S 3.2 NAME NAME 613 L'HOMMIDIEU ST. 3.3 STREET ADDRESS STREET ADDRESS **LEHIGH ACRES FL 33936** 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Addition DELETE ☐ Change 4.1 TITLE TITLE ROSE, UDO 4.2 NAME NAME 328 SELKIRK AVENUE 4.3 STREET ADDRESS STREET ADDRESS **LEHIGH ACRES FL 33936** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE 71TI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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 suppliemental 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 of trusted exposwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changely, or on an attachment with an eathers with all other like empowered.

SIGNATURE:

941-369-8388

CR2E034 (11/98)