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 # P96000081896

SOUTHERN SPECIALTIES IMPORTS, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90043 048 ***150.00



Principal Place	of Business	Mailing Address		- I Idabildas ira ibrid Briti garit garit sarti sa	185 steren inden itenia i	8112 9111 1961
1500 SW 5TH COURT, SUITE I 1500 SW 5TH COURT, SUITE I POMPANO BEACH FL 33069 POMPANO BEACH FL 33069						
•				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 10/03/1996		
-		To Mallion Address		4. FEI Number	I And	olied For
2. Principal Place of Business 21 1400 S.W. 6th. Court 26 1400 S.W. 6th			the Court	65-0824193	<u> </u>	Applicable
21 7400 S.W. 6Th. COUYT 26 1400 S.W. 6Th Suite, Apt. #, etc. Suite, Apt. #, etc.			THE COULT	05 0024 190	\$8.75 A	
Suite B 27 Suite B				5. Certifcate of Status Desired	Fee Rec	
City & State City & State				6. Election Campaign Financing	\$5.00	May Be
	pano Beach, FL	28 Pompano Bea	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to	
			ountry	8. This corporation owes the current year		□No
24 250		25 JUU 1 30		Personal Property Tax. 10. Name and Address of New Register		
9. Name and Address of Current Registered Agent 81 Nam				10. Name and Address of New Magneton		
COLECOTT, ROBERT JR						
1500 SW 5TH COURT, SUITE I			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
POM	PANO BEACH FL 33069		83			
	•		84 City	F	85 Zip C	ode
			<u> </u>	-		registered
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						
ļ	Signature, typed or printed name of registered agent a		red Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12
12.	OFFICERS AND		ITITLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	COLESCOTT, ROBERT JR	"	NAME			_
NAME	1500 SW 5TH COURT, SUITE I		STREET ADDRESS			Ì
STREET ADDRESS	POMPANO BEACH FL 33069		CITY-ST-ZIP			
CITY-ST-ZIP	FOMPANO BEACHTE 35003		TITLE		Change	Addition .
NAME		_	NAME			
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CITY-ST-ZIP			4 CITY-ST-ZIP	• • •		
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CITY+ST+ZIP		3.4	I. CITY-ST-ZIP			
TITLE	· · ·	☐ DELETE 4.1	TITLE		Change	☐ Addition
NAME	, ·	4.1	2 NAME			ľ
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TITLE			1 TITLE		Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		43/	I TITLE		Change	Addition
NAME			NAME)
STREET ADDRESS	٠.		3 STREET ADDRESS			J
CITY-ST-ZIP		6.4	CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address, with all other like empowered.

SIGNATURE