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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087991 (1)

TRADEVILLE, INC.

Principal Place of Business

Mailing Address

FILED Jul 29 1997 8:00am Secretary of State



1001 NORTHWEST 111TH WAY CORAL BPRINGS FL 33071		1091 NORTHWEST 111TH WAY CORAL SPRINGS FL 33071 6304				
				3. Date Incorporated or Qualified 10/24/1996	3a. Date of Lest Report	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 265	+ N.W. 112 AVE	26		63-072864	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	MI. FL	City & State	•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 33/	72 25 DADE		Country 0		Yes No	
<u> </u>	9, Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
CORPORATION SERVICE COMPANY 81 Name VILLIAM KAYNOWD FULFORD						
TALLAHASSEE FL 32301-2525				82 Street Address (P.O. Box Number is Not Acceptable)		
			83 84 City Ad		Int Zin Code	
			- 1 77/	AMI FL	FL 85 Zip Code 33/72	
11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Florida Statutes, the above-named corporation symmits 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 little Pappingsole. (NOTE: Registered Agent signature required when renstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD MARQUA	L DELETE	1.1 TITLE		[_] Change Addition &	
NAME ;	KADUR, MARCUS	IDT #44040	1.2 NAME		\5	
STREET ADDRESS	10381 SOUTHWEST 150TH CO	JKI, #11212	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33196	T DELETE	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	Y. 7	Change Addition	
NAME			22 NAME	WILLAMITAYMEN	o tunford	
STREET ADDRESS			2.3 STREET ADDRESS	2684 100 112	(AVE , 2)	
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP	MAHI, FL 3	Change Addition	
TITLE		□ bereit	3.1 THLE	S. F.	Change Avoilton	
NAME			3.2 NAME		AVE	
STREET ADORESS			3.3 STREET ADDRESS	\mathcal{L}	2/70	
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	71241,12	Change Addition	
NAME		occent	4.2 NAME		Change Distances	
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			S.2 NAME		_ , _	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ł	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE		Change Addition	
NAME		1	6.2 NAME		1	
STREET ADDRESS	· 1	<i>)</i> [6.3 STREET ADDRESS		İ	
CITY-ST-ZIP	/i	/	6.4 CITY-ST-ZIP			
14. I do heret	by certify that the Information supplied	with this filing does not qualify	for the exemption sta	ted in Section 119.07(3)(i). Florida Statute	s. I further certify that the	
informatio I am an o appears i	if indicated on this arrulal report of sulflicer or director of the corporation orthogonal formal of the Block 12 or Block 13 if changed, or the sulflice of t	pplemental annual report is true to receiver or trustee empower in an attachment with an addre	e and accurate and the accurate this repairs.	hat my signature shall have the same lega port as required by Chapter 607, Florida S	renect as it made under dath; that Statutes; and that my name	