

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90173 028 ***150.00

DOCUMENT # P96000091399

1. Corporation Name

RETRO CONCEPTS, INC.

Principal Place of Business

1926 EAST 5TH AVENUE
TAMPA FL 33605

Mailing Address

1926 EAST 5TH AVENUE
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

59-3436607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1518 E 7th AVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33605

Country USA

25

2a. Mailing Address

26 1510 E 7th AVE

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33605

Country USA

30

9. Name and Address of Current Registered Agent

RUBIN, DANIEL
1926 EAST 5TH AVENUE
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: Daniel F. Rubin DANIEL RUBIN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME RUSSELL, STEVE

STREET ADDRESS 11119 NORMANDY CIR #1

CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE

NAME RUBIN, DANIEL

STREET ADDRESS 1926 E 5TH AVE

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☐ Change ☒ Addition

1.2 NAME ZOOK-RICHARDSON, JONI

1.3 STREET ADDRESS 1922 E 4th AVE

1.4 CITY-ST-ZIP TAMPA FL 33605

2.1 TITLE TREASURER ☐ Change ☒ Addition

2.2 NAME RICHARDSON, JAMES

2.3 STREET ADDRESS 1922 E 4th AVE

2.4 CITY-ST-ZIP TAMPA FL 33605

3.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition

3.2 NAME PASTROFF, LAURA

3.3 STREET ADDRESS 1926 E 5TH AVE

3.4 CITY-ST-ZIP TAMPA FL 33605

4.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition

4.2 NAME LOUGHIN-RUSSELL, SHELLEY

4.3 STREET ADDRESS 11119 NORMANDY CIR #1

4.4 CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel F. Rubin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 (813)247-497

CR2E034 (11/98)