

FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 18 1998 8:00am
Secretary of State

DOCUMENT # P96000091665

1. Corporation Name

Trade Your Way To Riches, Inc.

Principal Place of Business

**501 W HORATIO ST
TAMPA FL 33606-2265
US**

Mailing Address

**501 W. HORATIO ST
TAMPA FL 33606-2265
US**

3. Date Incorporated or Qualified
11/05/1996

3a. Date of Last Report
05/01/1997

4. FEI Number

59-3424312

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **501 S. Dakota Avenue**

Trade, Apt. #, etc.

22 **B2**

City & State

23 **Tampa, FL**

24 **33606-2501**

2a. Mailing Address

26 **501 S. Dakota Avenue**

State, Apt. #, etc.

27 **B2**

City & State

28 **Tampa, FL**

29 **33606-2501**

Country

30

9. Name and Address of Current Registered Agent

**EL-BATRAWI, RAMY
501 W HORATIO ST
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name
El-Batrawi, Ramy

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

501 S. Dakota Ave #B2

83

84 City
Tampa,

FL

85 Zip Code
33606

11. Pursuant to the provisions of Sections 607.0302 and 607.1503, 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, Sections 607.0305, Florida Statutes.

Signature of:

Director or Officer

(If FEI, Registered Agent Signature required when for change)

5/1/98

12. Name and Address of Current Registered Agent

12 NAME **D EL-BATRAWI, RAMY**
12 STREET ADDRESS **501 W. Horatio Street**
12 CITY, ST, ZIP **Tampa, FL 33606**

13. Name and Address of New Registered Agent

13 NAME **D EL-Batrawi, Ramy**
13 STREET ADDRESS **501 S. Dakota Avenue #b2**
13 CITY, ST, ZIP **Tampa, FL 33606-2501**

14. Name and Address of New Registered Agent

14 NAME **D EL-Batrawi, Ramy**
14 STREET ADDRESS **501 S. Dakota Avenue #b2**
14 CITY, ST, ZIP **Tampa, FL 33606-2501**

15. Name and Address of New Registered Agent

15 NAME **D EL-Batrawi, Ramy**
15 STREET ADDRESS **501 S. Dakota Avenue #b2**
15 CITY, ST, ZIP **Tampa, FL 33606-2501**

16. Name and Address of New Registered Agent

16 NAME **D EL-Batrawi, Ramy**
16 STREET ADDRESS **501 S. Dakota Avenue #b2**
16 CITY, ST, ZIP **Tampa, FL 33606-2501**

17. Name and Address of New Registered Agent

17 NAME **D EL-Batrawi, Ramy**
17 STREET ADDRESS **501 S. Dakota Avenue #b2**
17 CITY, ST, ZIP **Tampa, FL 33606-2501**

18. I, the undersigned, certify that the information supplied in this statement is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information made available in this statement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered or trusted employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or Block 16 or Block 17 or Block 18 as an attachment with an address.

SIGNATURE:

**100002528251
-05/19/98--01009--035
***150.00**

5/1/98