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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097374

1. Corporation Name

COLITY OF THE PODDED IMPORTS INC

3001111	OF INE BU	JADEN IMIPONT	J, 1140	٠.								 			
Principal Place	e of Business		N	failing Add	dress					1		EBILL BELL BELLE	idili i ulu i		(81) DIDI (8 3)
5033 BISHOP ROAD PO BOX 5687															
WIMAUMA FL 33598 SUN CITY CTR FL 33571															
US								,			DO NOT WRITE IN THIS SPACE				
										3.	Date Incorporated or Qualife	d			
										ļ	12/03/1996			1	
Principal Place of Business 2a. Mailing Address										4.	FEI Number				lied For
21	26	J·						↓	<u>79-3430417</u>		#0		Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.							Certifcate of Status Desired			/ O Adec Req	ditional
22				City & State							El Al O marila Financia				
City & State											Election Campaign Financing Trust Fund Contribution			.UU N ded to	lay Be Fees
Zip Country				Zip Cou				Country			This corporation owes the cu	rrent vear Int		200 00	
24	2!	¬ ´	29	p		30				В.	Personal Property Tax.	nent year in	Yes	į	ŽΝο
		nd Address of Curre		stered Ac	ent	1301				10.	Name and Address of New	Registered	Agent		
	9 , 11 2 1			•			81		Name			·			=
	ssner, gre						-	-	Ch	(D	O Day Number is Not Asset				
1111 3RD AVE., W. #150							82		Street Addre	ess (P	P.O. Box Number is Not Accep	паріе)			
BRAI	DENTON FL	34205					83	t							
								L					Tot	7:- 0	-do
							84		City			FL	85	Zip Co	oue
office or re agent. I as SIGNATURE	egistered agen m familiar with	ns of Sections 607.05 it, or both, in the State , and accept the oblig printed name of registered ag	e of Flor ations o	ida. Such f, Section	change was a 607.0505, Flo	author orida S	ized by Statutes	th	named corporation e corporation ignature required	n's DO	n submits this statement for the pard of directors. I hereby acceptable (instatute)	e purpose of ept the appoi	changin intment a	ıg its ri as regi	egistered istered
12,	Signature, typed or	OFFICERS A		·· · · · · · · · · · · · · · · · · · ·	. (131	_	13.				ADDITIONS/CHANGES TO C	FFICERS AN	ND DIRE	CTOF	RS IN 12
TITLE	PSTD				DELETE		1.1 TITLE						Cha		Addition
NAME	BRONSON,	JENNIFER				1	1.2 NAME								
STREET ADDRESS 5033 BISHOP ROAD				1.33			1.3 STREET ADDRESS								
CITY-ST-ZIP WIMAUMA FL 33598				1.4			1.4 CITY-ST-ZIP					<i></i>			
TITLE	VD	· · · · · · · · · · · · · · · · · · ·			☐ OELETE	- 1	2.1 TITLE			_			☐ Cha	inge	Addition
NAME	THOMAS, (CECILIA					2.2 NAME		İ						
STREET ADDRESS	1803 78TH] :	2.3 STREET	ΤA	ODRESS						
CITY-ST-ZIP	BRADENTO	N FL 34209					2. 4 CITY-5	ST-2	ZIP		·				
TITLE					☐ DELETE		3.1 TITLE						Cha	inge	☐ Addition
NAME							3.2 NAME								
STREET ADDRESS];	3.3 STREE	ΤA	DORESS						
CITY-ST-ZIP						:	3.4. CITY-S	T- 2	ZIP						
TITLE					☐ DELETE	4	4.1 TITLE						☐ Cha	inge	☐ Addition
NAME							4. 2 NAME								
STREET ADDRESS						1	4.3 STREE	ΤAI	DORESS						
CITY-ST-ZIP						4	4.4 CITY-S	T-2	ZIP						
TITLE					☐ DELETE		5.1 TITLE						Cha	inge	☐ Addition
NAME						- 1	5.2 NAME								
STREET ADDRESS						1	5.3 STREE	ΤAI	DORESS						
CITY-ST-ZIP							5.4 CITY-S	T- 2	ZIP				<u></u>		
TITLE					DELETE	•	6.1 TITLE						Cha	ınge	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

CR2E034 (11/98)