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

Mailing Address

2475 JEN DR

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011940

Principal Place of Business

2475 JEN DR

IMPORTED INDUSTRIALS UNLIMITED, INC.

STE 29 MELBOURNE FL 32940				STE 29 MELBOURNE FL 32940				DO NOT WRITE IN THIS SPACE		
US			US					3. Date Incorporated or Qualifed 02/03/1997		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For		
21				26				59-3425196 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State				City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25			Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No		
24								10. Name and Address of New Registered Agent		
	9. Name ai	id Address of Curre	iit iveğist	oteu Agent		81	Name			
ORR, SANDRA G										
1012 VISTA OAKS CIR NE							82 Street Address (P.O. Box Number is Not Acceptable)			
							<u> </u>			
PALM BAY FL 32905						83				
		•				84	City	FL 85 Zip Code		
office or re	nanc harateine	ns of Sections 607.050 t, or both, in the State and accept the obliga	of Florid	a. Such change was	autnonze	יעם מי	the como	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE				_				required when reinstating) DATE		
	Signature, typed or p	printed name of registered age		FF			nt signature re	required when formed and		
12.	OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	D DELETE				1.1 ₹	1.1 TITLE				
NAME	ORR, SANDRA G				1.2 N	1.2 NAME				
STREET ADDRESS	1012 VISTA	OAKS CIR NE			1.3 STF		T ADDRESS			
CITY-ST-ZIP	PALM BAY	FL 32905			1.4 CITY		T-ZIP			
TITLE					2.1 T	2.1 TITLE		☐ Change ☐ Addition		
NAME					2.2 NA		1			
STREET ADDRESS				2.3 \$		2.3 STREET ADORESS				
CITY-ST-ZIP	ـــ		2.40			ST-ZIP	and the second s			
TITLE		☐ DELETE	3,1 TITLE		- ''	☐ Change ☐ Addition				
NAME					3.2 NA					
STREET ADDRESS				3.3 STREET AL			3			
City-st-zip					3.4	CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition				
NAME					4. 2	NAME				
STREET ADDRESS					4.3 STREET ADDRESS		TADDRESS			
						CITY-S				
CITY-ST-ZIP				☐ DELETE		MILE		Change Addition		
						NAME	İ	1		
NAME							TADORESS	5		
STREET ADDRESS						CITY-S				
CITY-ST-ZIP				☐ DELETE		MLE		☐ Change ☐ Addition		
TITLE						NAME				
NAME		4 ,9%								
STREET ADDRESS					6.3 5	SIKEE	T ADDRESS			

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:

CITY-ST-ZIP

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90175 043 ***150.00