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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020721

FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90055 032 ***150.00

	on Name	1020727	,	·	
A & E 1	TRADING CORPORATION			 	
*					
•	ce of Business	Mailing Address			,
12720 COUNTI COOPER CITY	RYSIDE TERRACE	12720 COUNTRYSIDE TERF COOPER CITY FL 33330	RACE		
OOOFER OFF	76 33330	COOPER CITY FL 33330		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
				03/05/1997	
2. Principal f	Place of Business .	2a, Mailing Address		4, FEI Number	Applied For
21		26		65-0738306	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	· · · · · · · · · · · · · · · · · · ·	City & State			Fee Required
23	ne ,	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes the current year Personal Property Tax.	r Intangible
	9. Name and Address of Curren		1307	10. Name and Address of New Register	
!	7".#23_J/23	SACATION !	81 Name		
	RMAN, ARIE		82 Street Add	fress (P.O. Box Number is Not Acceptable)	·
	20 COUNTRYSIDE TERRACE		July Street Add	iness (F.O. Box Number is Not Acceptable)	TO PERSONAL MENTION OF AN ORBIT
COC	OPER CITY FL 33330		83	[新於於精雜] 翻译 [新]	以心理 。
	· · · · · · · · ·		84 City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 85 Zip Code
eastern cante	All growing to the groups of	ing the second of the second	.	poration submits this statement for the purpose	- L
agent. I a	am familiar with, and accept the obliga	of Florida. Such change was at tions of, Section 607.0505, Flor	uthorized by the corporati rida Statutes.	ion's board of directors. I hereby accept the ap	pointment as registered
	Slangture, toned or printed same of registered agen	at and title if continable (MOTE)	: Pagistared Agent signature sequin	nd when collected and the Collection of the Coll	
12.	Signature, typed or printed name of registered agen OFFICERS AN		: Registered Agent signature require		
12 TTLE		nt and title if applicable. (NOTE:	: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	OFFICERS AN	D DIRECTORS	13.		AND DIRECTORS IN 12
TITLE NAME	PD FURMAN, ARIE	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	OFFICERS AN PD FURMAN, ARIE	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FURMAN, ARIE 12720 COUNTRYSIDE TERRAC COOPER CITY FL 33330 VPD	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
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4. 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 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 seceiver or truete employeed 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Daytime Phone #

R2E034 (11/98)