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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037183

CAPE HAZE TRADING COMPANY, INC.

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Principal Place	of Business	Mail	ing Address				i idelibat ita setir senti desti patri patri entri entra	14115 184 2 1 44 1	(3(8) 1(6) (88)
6950 PLACIDA F	RD	PΟ	BOX 3400						
CAPE HAZE FL	=	_	E HAZE FL 33946				DO MOT MOTE IN THE	CDACE	
us us					-	DO NOT WRITE IN THIS	SPACE		
							 Date Incorporated or Qualified 04/24/1997 		
9 D-ii1 DI	F. Duoiseas	20.1	Mailing Address				4. FEI Number	An	plied For
·	ace of Business	⊢	Maining Address				65-0750578		t Applicable
Suite, Apt. 1	# otc	26	Suite, Apt. #, etc.					\$8.75	
22	r, G.C.	27	5 Git G, F i p i s i s i s i s i s i s i s i s i s			ł	5. Certificate of Status Desired _ []		quired
City & State	9		City & State				6. Election Campaign Financing	\$5.00	May Be
23	_	28	•				Trust Fund Contribution	Added	
Zip	Country		 Zip	Count	ry		8. This corporation owes the current year Int	tangible	
24	25	29		30			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre	ent Registe	ered Agent				10. Name and Address of New Registered	Agent	
				8	1 Name	3			
	ARTHY, TERENCE P			8	2 Street	t Addres	s (P.O. Box Number is Not Acceptable)		
2018 E. OCEAN BLVD.				L	_	TIGGE FACILIESS (1.10. DOX MUNICOT TO FACE FACE FACE FACE FACE FACE FACE FACE			
Stu	ART FL 34996			8	3				
				- 8	4 City			85 Zip (Code
							<u> </u>	-	
11. Pursuant t	to the provisions of Sections 607.05	502 and 60	7.1508, Florida Statut	es, the abo	ve-name	d corpora	ation submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida pations of, S	i. Such change was a Section 607.0505, Flo	nithorized b rida Statute	y the corp es.	poration	's board of directors. I hereby accept the appoint	municin as re	gistored .
SIGNATURE	,								
SIGNATURE	Signature, typed or printed name of registered a	gent and title if	applicable. (NOTE	: Registered Ag	ent signature	w beniupen e	rhen reinstating) DATE		
12.	OFFICERS A	AND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRSINI12 I
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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.

6.4 CITY-ST-ZIP

SIGNATURE: