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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051844 1. Corporation Name

TRADE-WINS CORP.

Principal Place of Business Mailing Address See PATIO LN 299 CAMING GARGENS BLVD SUITE 204 SUITE 205										
SUITE 204 BOCA RATON FL 33432 BOCA RATON FL 33	Principal Place of Business Mailing Address						, 100 Heat 110 Heat 100 Heat 1	JILE? 11881 1841	. 6.5 6.565.	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Solite, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Solite, Apt. #,	SUITE 204 SUITE 204			D		-	3, Date Incorporated or Qualifed .			
Sulte, Apt. #, etc. 2 Sulte, Apt. #, etc. 3 Sulte, Apt. #, etc. 4 Sulte, Apt. #, etc. 5 Sulte, Apt. #, etc. 6 Sulte,	2. Principal Place of Business 2a. Mailing Address							A	pplied For	
Sulfe, Apt. #, etc. Suite, Apt. #, etc.	21 26						65-0758302			
City & State City & State		#, etc.					5. Certificate of Status Desired		,	
Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes State							6. Election Campaign Financing	\$5.00	May Be	
9. Name and Address of Current Registered Agent WILLITS, RYAN E 299 CAMINO GARDENS BLVD SUITE 204 BOCA RATON FL 33432 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 3. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. Change Addition 19. Name 19. Change Addition 19. Name 19. Change Addition 19. Name 29. CAMINO GARDENS BLVD 21. STREET ADDRESS 21. STREET ADDRESS 22. STREET ADDRESS 23. STREET ADDRESS 24. CTV. 57. ZP 19. Change Addition 19. STREET ADDRESS 21. STREET ADDRESS 22. AUMAE 23. STREET ADDRESS 24. CTV. 57. ZP 24. CTV. 57. ZP 24. CTV. 57. ZP 25. STREET ADDRESS 26. AUT. 57. ZP 27. STREET ADDRESS 28. STREET ADDRESS 29. CAMINO GARDENS BLVD 29. CAMINO GARDENS BLVD 29. STREET ADDRESS 20. CTP. 57. ZP 20. Change Addition 20. Change Addition 20. Change Addition 20. Change Addition 25. ADDITIONS	23		28				Trust Fund Contribution	Added	to Fees	
Section of Current Registered Agent 10. Name and Address of New Registered Agent			— · –	_	у		Personal Property Tax.	Yes	5 ≰No	
WILLITS, RYAN E 299 CAMINO GARDENS BLVD SUITE 204 BOCA RATON FL 33432 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, in an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DPS HANDS, THOMAS W 299 CAMINO GARDENS BLVD 13 STREET ADDRESS DBOCA RATON FL 33432 14 CITY ST. ZIP TITLE DPS HANDS, THOMAS W 299 CAMINO GARDENS BLVD 13 STREET ADDRESS CITY ST. ZIP TITLE DELETE 21 TITLE DELETE 21 TITLE AMME 32 STREET ADDRESS CITY ST. ZIP Change Addition Addition Addition Addition Addition Addition ANDE STREET ADDRESS			t Registered Agent				10. Name and Address of New Registered	Agent		
299 CAMINO GARDENS BLVD SUITE 204 BOCA RATON FL 33432 84 City Later and City Later and Composition in the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ported name of registered agent and title if applicable. NAME 12. OFFICERS AND DIRECTORS DELETE 1.1TILE DPS HANDS, THOMAS W STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 1.4 CITY-ST-ZIP DELETE 1.2 TITLE 1.3 STREET ADDRESS 2.2 ACITY-ST-ZIP DELETE 2.1 TITLE 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS				8	1 Nam	re				
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NAME	STREET ADDRESS			53 STRE		SS				

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 amual 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 trus evel enpowered 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED O

Change

Addition