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

PROFIT CORPORATION * ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700061492 (9)

SOUTH BEND TRADING INC.

FILED Jul 10 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Addre	Mailing Address					
6780 SW 40TH STREET			6780 SW 40TH STREET					
DAVIE FL 33314		DAVIE FL 333	DAVIE FL 33314				DO NOT INDITE IN THE COACE	
							DO NOT WRITE IN THIS SPACE	
							3. Date incorporated or Qualified 07/14/1997	
9 Oringinal D	Place of Business	2a. Mailing Ag	letenaa			;		
<u></u>	Tace of Business		iaress				1.456	
Suite, Apt	4	26					58-233-1829 Not Applicable	
22 Suite, Apr	#, etc.	· · · · · ·	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	a		City & State					
23	·	<u> </u>	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
	Zip Country		Zip Country				This corporation owes or has paid the current year Intangible	
24	25	29 30]			Personal Property Tax due June 30. Yes No	
24	9. Name and Address of Curre			·			10. Name and Address of New Registered Agent	
MI	INNS, GRAHAM D		1	81	1	Name		
6780 SW 40TH STREET								
	VIE FL 33314		8		5	Street Address (P.O. Box Number is Not Acceptable)		
	VIC. FC 33314			83	├			
				"				
				84	(City	FL 85 Zip Code	
dd D	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	00 C07 1/ 00 Ft			L			
office or r	to the provisions or Sections 607.050 egistered agent, or both, in the State	oz and 607, 1508, Fic e of Florida. Such ch	onda Statutes, i ange was auth	orized by	e-n y th	amed corpor ne corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
10	Signature typed or printed name of registered ag		(NOTE: Re		ent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	D OF ICENS AN	D DIRECTORS	DELETE	13. 1.1 Till E			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
	MUNNS, GRAHAM D		DECEME					
BEOG OW ACTU CEDECT				1.2 NAME				
	DAVIE EL 22214				1.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE PE 00014		bri ere	1.4 CITY - S 2.1 TITLE	i1-Z	.IP		
TITLE	1						☐ Change ☐ Addition	
NAME				2.2 NAME		ŀ		
STREET ADDRESS				2.3 STREET	ADC	DRESS		
CITY-ST-ZIP		_	DELETE.	2. 4 CiTY-5	<u>SI - 2</u>	ZIP		
TITLE	DELETE 3.11						☐ Change ☐ Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADO	DRESS		
CITY-ST-ZIP				3.4. CITY- S	ST - Z	ZIP		
TITLE			DELETE	4.1 THLE			☐ Change ☐ Addition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADE	DRESS		
CITY-ST-ZIP				44 CITY-S	T - 7 1	ΊP		
TITLE			DELETE	51 TITLE			☐ Change ☐ Addition	
NAME				5.2 NAME			~	
STREET ADDRESS				5.3 STREET	ADD	DRESS		
CITY-ST-ZIP				5.4 CITY-S			7,10	
TITLE			DELETE	6.1 TillE			☐ Change ☐ Addition	
NAME		_		6.2 NAME			800002586978	
STREET ADDRESS				6.3 STREET	ΔDΓ	DRESS	8000025869 7 8 -07/13/9801096046	
1							***150.00	
CITY-ST-ZIP	certify that the information supplied v	vith this filing does no	ot qualify for th	6.4 C(TY-S) e exempl			ection 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