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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000089499

REXFORD INTERNATIONAL, CORP.

Principal Place of Business
305 A SCARLET BOULEVARD

Mailing Address

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90002 010 \*\*\*150.00



305 A SCARLET BOULEVARD OLDSMAR FL 34677		305 A SCARLET BOULEVARD OLDSMAR FL 34677				DO NOT WRITE IN THIS S	SPACE	<u></u>		
						3. Date Incorporated or Qualifed 10/17/1997				
— '	Place of Business	2a. Mailing Address				4. FEI Number 59-3473006 -	-	Applied For Not Applicabl	 e	
Suite, Apt	, #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	75 Additional ee Required			
City & Sta	te	City & State			•	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 Inta     Personal Property Tax.	current year Intangible			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
TADDEO, RICHARD V. 305-A SCARLET BLVD OLDSMAR FL 34677				82	82 Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City	FL	85	Zip Code		
office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change w	as authorize	ed by	the corpor	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	hangir tment	ng its registered as registered		
SIGNATURE	<u> </u>					DATE				
Olgitales, types of printed from a legal to be a legal to					signature rec	Quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS ANI	DIRE	CTORS IN 12		
12.				TITLE		ADDITIONO/OFFIANCEO TO G. FIOENCE AND	☐ Cha		ion	
TITLE	TADDEO DICHADD V			HARIC'	ļ		_			

NAME TADDEO, RICHARD V 305 A SCARLET BOULEVARD 1.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 34677 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4,1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filling 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 chapters, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CR2E034 (11/98)