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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90005 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094200

1. Corporation Name
FLORIDA TRADE & SERVICE, INC.

Principal Place of Business

2490 MAIN ST
SARASOTA FL 34237
US

Mailing Address

2490 MAIN ST
SARASOTA FL 34237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1997

4. FEI Number

65-0792806

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 2304 Del Prado Blvd.
Suite, Apt. #, etc.

22 205
City & State

23 Cape Coral FL

Zip Country

24 33904 25

2a. Mailing Address

26 2804 Del Prado Blvd.
Suite, Apt. #, etc.

27 205
City & State

28 Cape Coral FL

Zip Country

29 33904 30

9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER
2490 MAIN ST
SARASOTA FL 34237

no longer Reg. Agent

10. Name and Address of New Registered Agent

81 Name RICHARD R. RICCIANI
Riccianni, Mathis & Jessen

82 Street Address (P.O. Box Number is Not Acceptable)
6371-4 Presidential Court

83

84 City Fort Myers

FL

85 Zip Code

33919

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Richard R. Riccianni

RICHARD R. RICCIANNI

3/23/99

DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME HAHUES, MONICA
STREET ADDRESS 4924 SW 8TH CT
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE V
NAME HAHUES, HANS-PETER
STREET ADDRESS 4924 SW 8TH CT.
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 326 SE 31st Terr.
1.4 CITY-ST-ZIP Cape Coral, FL 33904

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 326 SE 31st Terr.
2.4 CITY-ST-ZIP Cape Coral, FL 33904

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Monika Hahues
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/99

Date

941-458 1323

Daytime Phone #

CR2E034 (11/98)

0475971