FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90145 038 ***150.00

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 #	P9800000988
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1. Corporation Name CUSTOM EXPORT SERVICES, INC.								
Principal Place of Business Mailing Address					•	£ (081)00) (\$0 1010) (\$111 0011) 00111 00111		
1408 VALLEY PLACE POST OFFICE BOX 4220 BRANDON FL 33510 BRANDON FL 33509			-			DO NOT WIDITE IN THIS	CDACI	
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
						01/06/1998		
2. Principal Place	e of Business	2a. Mailing Address	5			4. FEI Number		
21		26				59-3486798		
Suite, Apt. #, 6	etc.	Suite, Apt. #, et	C.			5. Certifcate of Status Desired	\$8.	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5	
Zip	Country	Zip	Co	Country		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	
	9. Name and Address of Ci	irrent Registered Agent				10. Name and Address of New Registered	Agent	
	AWYER			81		ddress (P.O. Box Number is Not Acceptable)		
1	MERIA AVENUE							
i CURAL	GABLES FL 33134			83				

|--|

ate Incorporated or Qualifed	
1/06/1998	
El Number	Applied For

Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

	resocial reporty rux.			
Τ	10. Name and Address of New Reg	istered /	\gent	
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)		
83				
84	City	EI	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 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 a	m familiar with, and accept the obligations of, Sec	tion 607.0505, Flori	ida Statutes.	P		
SIGNATURE			Registered Agent signature required		DATE	
	Signature, typed or printed name of registered agent and title if applied of Printed Name of Printed And Directo			ADDITIONS/CHANGES TO		RS IN 12
12.		DELETE	13.	ADDITIONS/CHANGES TO	Change	Addition
TITLE	PD LAWCON LARBY I	Decerc	1.2 NAME		_ ,	_
NAME	LAWSON, LARRY J					
STREET ADDRESS	1408 VALLEY PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510		1.4 CITY-ST-ZIP		Change	Addition
TITLE	VSTD	☐ DELETE	2.1 TITLE		Change	☐ ¥00BDH
NAME	LAWSON, PEGGY J		2.2 NAME			
STREET ADDRESS	1408 VALLEY PLACE		2.3 STREET ADDRESS	•		
CITY-ST-ZIP	BRANDON FL 33510		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	<u>.</u>		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	_ Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OTTY ET 710			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.

OF SIGNING OFFICER OR DIRECTOR SIGNATURE!

30 APL 99

CR2E034 (11/98)