

PROFIT
CORPORATION:
ANNUAL: REPORT:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



DOCUMENT # P98000011790

## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90108 007 \*\*\*150.00

Change

Change

Addition

Addition

148-11111	SPECIALTIES IMPORT &	<u></u>	)N					
Principal Place of Business Mailing Address					,			
225 N. OSCEOLA AVENUE 225 N. OSCEOLA AVENUE								
ARCADIA FL 34	4266	ARCADIA FL 34266			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					/ 02/05/1998	ŀ		
3 Principal D	Place of Business	2a. Mailing Address			V/4. FEI Number Applied For	$\dashv$		
_	tace to comisso	26			59-3480702 Not Applica			
Suite, Apt.	tt ein	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional			
22	. <del>w</del> , a.c.	27	_ '''		5. Certificate of Status Desired			
City & Stat	to	City & State			6. Election Campaign Financing \$5.00 May Be	$\neg$		
<b>—</b>	.0	28			Trust Fund Contribution Added to Fees			
23   Zip	Country	Zip	Co	untry	8. This corporation owes the current year totangible	_		
	25	29	30	منسب ده کانگات	Personal Property Tax.			
24]	9. Name and Address of Curre			1	10. Name and Address of New Registered Agent			
				81 Name				
225 N. OSCEOLA AVENUE ARCADIA FL 34266				82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City 85 Zip Code				
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Stat	utes the	above-named	orporation submits this statement for the purpose of changing its registers			
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	o of Florida. Such change was ations of, Section 607.0505, F	authorize Iorida Sta	ed by the corpo tutes.	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered	d		
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered eg	ent and title if applicable. (NO	ioriua Sia	iutes.	ured when reinstading) DATE			
agent. I a	Signature, typed or printed name of registered eg OFFICERS A	em and title if applicable. (NO ND DIRECTORS	TE: Registere	d Agent signature n	Quired when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
agent. I a SIGNATURE	Signature, typed or printed name of regretered eg  OFFICERS A	ent and title if applicable. (NO	TE: Registere	id Agent signature n	ured when reinstading) DATE			
agent. I a SIGNATURE	Signature, typed or printed name of registered eg OFFICERS A PD QUEZADA, MARTIN M	em and title if applicable. (NO ND DIRECTORS	TE: Registere 13.	d Agent signature n	Quired when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A PD QUEZADA, MARTIN M	em and title if applicable. (NO ND DIRECTORS	TE: Registere 13. 1.1 T	d Agent signature n	Quired when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A PD QUEZADA, MARTIN M	em and title if applicable. (NO ND DIRECTORS	TE: Registere  13. 1.17 1.2 N	d Agent signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition		
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered eg OFFICERS A PD QUEZADA, MARTIN M 225 N. OSCEOLA AVENUE	em and title if applicable. (NO ND DIRECTORS	TE Registere 13. 1.1 T 1.2 K 1.3 S 1.4 C	INTERS.  ITLE  IAME  STREET ADDRESS	Quired when reinstading)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY: ST-ZPP	Signature, typed or printed name of registered eg OFFICERS A PD QUEZADA, MARTIN M 225 N. OSCEOLA AVENUE ARCADIA FL 34266	ent and title if applicable. (NO ND DIRECTORS	13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T	INTERS.  TILE  HAME  STREET ADDRESS  EITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition		
Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE	Signature, typed or printed name of registered eg OFFICERS A PD QUEZADA, MARTIN M 225 N. OSCEOLA AVENUE ARCADIA FL 34266 VPD BROADUS, TERESA D	ent and title if applicable. (NO ND DIRECTORS	13. 1.17 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	INTERIOR SIGNATURE IN TITLE NAME STREET ADDRESS SITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ition		
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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 eath; that I am an officer or director of the corposation 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.

43 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

\_\_ DELETE

DELETE

SIGNATURE SIGNA	un ()	Broder	Teresa D.	Broadus VP	3-1-99	941-491-0050
SIGNA	TURE AND TYPED O	OR PRINTED MASKE OF SIGNING DEFICE	R OR DIRECTOR		Date	Daytime Phone if