

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90007 004 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000018575**

1. Corporation Name  
**ALM EXPORTS, INC.**



Principal Place of Business

Mailing Address

11359 N.W. 18TH MANOR  
CORAL SPRINGS FL 33071

11359 N.W. 18TH MANOR  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/26/1998**

4. FEI Number

**35-0815381**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **9900 NW 48th Ct.**

26 **9900 NW 48th Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Coral Springs Florida**

28 **Coral Springs Florida**

Zip

Country

Zip

Country

24 **33076**

25 **USA**

29 **33076**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BADER, MITCHELL F.  
11359 N.W. 18TH MANOR  
CORAL SPRINGS FL 33071**

81 Name

**Allen Schwarzfeld**

82 Street Address (P.O. Box Number is Not Acceptable)

**9900 NW 48th Court**

83

84 City **Coral Springs**

**FL**

85 Zip Code **33076**

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 **Allen Schwarzfeld**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BADER, MITCHELL F</b>	1.2 NAME	
STREET ADDRESS	<b>11359 N.W. 18TH MANOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIMES, LLOYD</b>	2.2 NAME	
STREET ADDRESS	<b>3101 N.W. 107TH DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARZFELD, ALLEN</b>	3.2 NAME	
STREET ADDRESS	<b>9900 N.W. 48TH COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

**Mitchell F. Bader**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/99**  
Date

Daytime Phone #

CR2E034 (5/99)



# ALM Exports, Inc.

Your Trusted Purchasing & Shipping Solution

P98000018575  
597216-90007-4

July 16, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

This is the first year ALM Exports, Inc. is filing this report. We did not receive the first notice that this report was due. In a conversation with an employee at the Division of Corporations, I was told to send the report to the "Other Correspondence Address" along with a check in the amount of \$150.00.

Please find a check enclosed for this amount.

Sincerely yours,

Mitchell Bader

MB:rs