

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90030 008 ***150.00

DOCUMENT # P98000034674

1. Corporation Name

FEA MERCHANDISING, INC.

Principal Place of Business

507 19TH STREET
ORLANDO FL 32805

Mailing Address

507 19TH STREET
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

58-2392057

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

9. Name and Address of Current Registered Agent

SANTUCCI, MICHAEL I
2455 E. SUNRISE BLVD., STE. 410
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

FERNANDO REY

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

1041 S. Hiwassee Rd. #3023

83

84 City

Orlando

FL

85 Zip Code

32835

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

FERNANDO REY, P.

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

(NOTE: Registered Agent signature required when resignation)

4-5-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D REY, FERNANDO
STREET ADDRESS
1041 S. HIAWASSEE ROAD, NO. 3023
CITY-ST-ZIP
ORLANDO FL 32835

TITLE ☐ DELETE

NAME
D REY, LUCIA A
STREET ADDRESS
1041 S. HIAWASSEE ROAD, NO. 3023
CITY-ST-ZIP
ORLANDO FL 32835

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO REY 4-5-99

Date

Daytime Phone #

407-4259784

CR2E034 (1/98)

0104210