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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90043 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000073931			
1. Corporation Name NOWTRADE CORP.			
Principal Place of Business 1333 SNELL ISLE BLVD., STE 332 ST. PETERSBURG FL 33704		Mailing Address 1333 SNELL ISLE BLVD., STE 332 ST. PETERSBURG FL 33704	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 204-37th AVE. N. Suite, Apt. #, etc. # 332		2a. Mailing Address 26 204-37th AVE. N. #332 Suite, Apt. #, etc.	
22 City & State 23 ST. PETERSBURG, FL		27 City & State 28 ST. PETERSBURG, FL	
24 Zip 33704		29 Zip 33704	
25 Country		30 Country	
3. Date Incorporated or Qualified 08/24/1998		4. FEI Number 59354632-6	
5. Certificate of Status Desired <input type="checkbox"/>		X Applied For Not Applicable	
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent KYRIAKIDES, MARIA 1333 SNELL ISLE BLVD., STE 332 ST. PETERSBURG FL 33704		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 204-37th AVE. N. # 332	
83 City		84 ST. PETERSBURG FL	
85 Zip Code 33704			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES. + DIR. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA KYRIAKIDES	1.2 NAME	
STREET ADDRESS	204-37th AVE. N. #332	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	1.4 CITY-ST-ZIP	
TITLE	V.P. + DIR. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANASTASIOS KYRIAKIDES	2.2 NAME	
STREET ADDRESS	204-37th AVE. N. #332	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: X Maria Kyriakides
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/29/99
Date Daytime Phone #

CR2E034 (1/98)