

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 # **P98000076529**

1. Corporation Name
ALL ISLAND EXPORTS, INC.

Principal Place of Business
**21573 HOLLANDAIRE DR.
BOCA RATON FL 33433**

Mailing Address
**21573 HOLLANDAIRE DR.
BOCA RATON FL 33433**

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90021 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

4. FEI Number

65-0863974

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **5535A N.W. 35th Ave**

2a. Mailing Address

26 **5535A N.W. 35th Ave.**

Suite, Apt. #, etc.

22 **Bldg 15**

Suite, Apt. #, etc.

27 **Bldg 15**

City & State

23 **Ft. Lauderdale, FL**

City & State

28 **Ft. Lauderdale, FL**

Zip

24 **33309**

Country

Zip

29 **33309**

Country

30

9. Name and Address of Current Registered Agent

**KRASKER, PAUL A
625 NORTH FLAGLER DR.
WEST PALM BEACH FL 33402-4025**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BROCK, PAUL**
STREET ADDRESS **21573 HOLLANDAIRE DR.**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☒ DELETE

NAME **RESNICK, GERALD**
STREET ADDRESS **495 RIVER FOREST DR.**
CITY-ST-ZIP **GREAT FALLS VA 22066**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 **D** ☐ Change ☒ Addition

1.2 NAME **Brock, John**
1.3 STREET ADDRESS **11702 NW 12th St**
1.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

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

Date

Daytime Phone #

1/11/99

954-677-9366

0341265

CR2E034 (11/98)