Feb 24, 1999 8:00 am Secretary of State

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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 # P98000080235 1. Corporation Name

INTERNATIONAL SHOPPING, INC.

Principal Place of Business Mailing Address					1 (4)(44)) (10 10 10 10 1 10 1 10 1 10 1 10 1 10	(1) 68 (1) 66 (8) (W111 BE119 11EB	- (fre: =:::: :==:	
1601 JACKSON STREET 1601 JACKSON STREET										
SUITE 101 SUITE 101 FORT MYERS FL 33901 FORT MYERS FL 33901					DO NOT WRITE IN THIS SPACE					
PONT MIENS PE 33301					3. Date Incorpo	3. Date Incorporated or Qualifed				
					09/11/199) 8				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			A	optied For	
3524 Palm Beach Blvd. 26					59-27	L2074			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of	5. Certificate of Status Desired \$8.75 Additional Fee Required				
22					6 Flection Can	6. Election Campaign Financing 5.00 May Be				
	Myers, Florida	28	28			Trust Fund Contribution Added to Fees				
Zip	Country		Country			tion owes the curr	ent year Inta	_=	m	
24 33916 25 Lee 29 30				Personal Property Tax.				☐ Yes	□No	
	9. Name and Address of Current	Registered Agent	- 04	N.	10. Name and A	Address of New F	legistered A	Agent		
DUIL	ICAN CORDON D		81	Name	-					
DUNCAN, GORDON R				Street A	ddress (P.O. Box Number is Not Acceptable)					
1601 JACKSON STREET SUITE 101						 				
	T MYERS FL 33901		83							
FUN	I WILIO IL 3330 I		84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, th	he above	-named	corporation submits this	statement for the	purpose of o	changing its	registered	
олісе ог r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes		Tation's Board of directo	10. 1 Horoby Good	to grie ablean		9	
SIGNATURE										
	Signature, typed or printed name of registered agent			t signature re	equired when reinstating)	CHANGES TO OF	DATE	D DIRECT(DE IN 12	
12.	OFFICERS AND		13.		ADDITIONS/C	MANGES TO OF	FICENS AIN	☐ Change	Addition	
TITLE	D		1.1 TITLE			-		onange		
NAME	PALATZKY, JOSEF	1	1.2 NAME							
STREET ADDRESS	2506 A LAKEVIEW DRIVE		1.3 STREET	į						
CITY-ST-ZIP	LEHIGH ACRES FL 33972		1.4 CITY-ST 2.1 TITLE	r-ZIP				Change	Addition	
TITLE	D DATE ATTENDED	_		i	,			- 0.101.90		
NAME	PALATZKY, GERLINDE		2.2 NAME			•				
STREET ADDRESS	2506 A LAKEVIEW DRIVE		2.3 STREET			•				
CITY-ST-ZIP	LEHIGH ACRES FL 33972		2. 4 CITY-S	T-ZIP	_			Change	☐ Addition	
TITLE	D		3.1 TITLE		•					
NAME	HUTTER, WALTRAUD	1	3.2 NAME			•			-	
STREET ADDRESS	1815 VIGNES STREET	1	3.3 STREET	i						
CITY-ST-ZIP	LEHIGH ACRES FL 33936		3.4. CITY-S 4.1 TITLE	T-ZIP	President			Change	Addition	
TITLE	D FOOT	, ·								
NAME	VOLGGER, EGON		4. 2 NAME		Vólgger, Jo 1815 Vignes	s Stroot				
STREET ADDRESS							33 <u>936</u>			
CITY-ST-ZIP	LEHIGH ACRES FL 33936		4.4 CITY-ST	r-zip	<u>Lehigh Acre</u>	<u>28, FL</u>	33330	Change	Addition	
TITLE			5.1 TITLE 5.2 NAME				-	onlinge		
NAME		1	5.3 STREET	ADDDECC						
STREET ADDRESS				-						
CITY-ST-ZIP			5.4 CITY-S' 6.1 TITLE					Change	Addition	
TITLE			6.2 NAME			•				
NAME			6.3 STREET	ADDRESS I						
STREET ADDRESS	Į.		U.J J INCE	- UNIVERSE	_					

6.4 CITY-ST-ZIP 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 one on attachment with an address, with all other like empowered.

SIGNATURE: