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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000086233

1. Corporation Name

TOTAL SERVICE & TRADE CORPORATION



Principal Place of Business
2721 ORCHID LANE
KISSIMMEE FL 34744-3015

Mailing Address
2721 ORCHID LANE
KISSIMMEE FL 34744-3015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1998

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3535792

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

9. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DRIVE #37
PALM HARBOR FL 34684

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
NAME FORTIN, PAUL E SR.
STREET ADDRESS 2721 ORCHID LANE
CITY-ST-ZIP KISSIMMEE FL 34744-3015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME FORTIN, PAUL E. SR.
1.3 STREET ADDRESS 2721 ORCHID LN
1.4 CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE S
2.2 NAME FORTIN, SARAH A
2.3 STREET ADDRESS 2721 ORCHID LN
2.4 CITY-ST-ZIP KISSIMMEE FL 34744

3.1 TITLE F
3.2 NAME SUSAN KIM
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T
4.2 NAME Kim, SUSAN
4.3 STREET ADDRESS 7624 SUGAR BEND DR.
4.4 CITY-ST-ZIP ORLANDO, FL 32819

5.1 TITLE C
5.2 NAME Kim, CHANG S.
5.3 STREET ADDRESS 7624 SUGAR BEND DR
5.4 CITY-ST-ZIP ORLANDO, FL 32819

6.1 TITLE
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

4/12/99
Date

407-944-4340
Daytime Phone #

CR2E034 (11/98)