

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S37727  
 1. Entity Name  
 THE NINETY EIGHT TRADING CORP.



Principal Place of Business      Mailing Address  
 7002 CYPRESS BRIDGE DR. N.      7002 CYPRESS BRIDGE DR. N.  
 PONTE VEDRA BEACH, FL 32082      PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE IN THIS SPACE**



02042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3062411      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CODY, PAMELA M.  
 7002 CYPRESS BRIDGE DR. N.  
 PONTE VEDRA BEACH, FL 32082

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CODY, PAMELA M.
STREET ADDRESS	7002 CYPRESS BRIDGE DR N
CITY-ST-ZIP	PONTE VEDRA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/18/05-80021-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 of this report changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Pamela M. Cody*      3/17/05      2230281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone