FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90097 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35784

1. Corporation Name

POLYLINE TRADING, INC.

3. Date Incorporated or Qualifed 05/13/1992 2. Principal Place of Business 2a. Mailing Address 2b. FEI Number 65-0331952 Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. City & State 2d. Country 2d. 2d. 2d. Mailing Address 4. FEI Number 65-0331952 5. Certifc ate of Status Desired 6. Election Campaign Financing 7 Trust Fund Contribution 7 Acceptable 7 Trust Fund Contribution 8. This corporation owes the current year intangible Personal Property Tax. 9. Name and Address of Current Registered Agent ECKARDT, HERBERT 15454 S.W. 68 LANE MIAMI FL 33166 82 Street Acdress (P.O. Box Number is Not Acceptable) 83		
MAMIR FL 31868 MIAMIR FL 31868 US Country Country Sulte, Apt. #, etc. Sult		
US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/13/1992 2. Principal Place of Business 21		
3. Data hispopriated or Qualified Of/13/1992 2. Principal Pface of Business 2. Mailing Address 3. Let in the propriated or Qualified Of/13/1992 2. Principal Pface of Business 2. Let in the property and the state of Current Registered Agent	DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2. A. Filt Nimber 65-0x31 1952 52 52 52 52 52 52 52		
Suite, Apt. #, etc. Suite, Ap		
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & Estate	Apr lied For	
City & State City & Country City C	Not Applicable	
Zip Courtry Zip Country Size Country Size Country Size Country Size Country Size Personal Property Tax.	5 Additional Required	
Zip Courty Zip Courty B. This cryporation was the current year intangible Person al Property Tax. Yes Ye	00 May Be	
29 30 Persor al Property Tax. Yes 9. Name and Address of Current Registered Agent ECKARDT, HERBERT 15:454 S.W. 68 LANE MIAMI FL 33166 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 office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation submits this statement for the purpose of changing office or registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. the above-named corporation submits this statement for the purpose of changing office or registered agent are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. the above-named corporation submits this statement for the purpose of changing office or registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. the above-named corporation submits this statement for the purpose of changing office or registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing of the purpose of the purpose of changing of the purpose of the purpose of the purpose	led to Fees	
BCKARDT, HERBERT 15454 S.W. 68 LANE MIAMI FL 33166 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 office or registered agent, or both, in the State of Florida, Such change was introfitized by the corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida, Such change was introfitized by the corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida, Such change was introfitized by the corporation submits this statement for the purpose of changing office or registered agent and time if applicable. SIGNATURE Signature, typed or printed min to of registered agent and time if applicable. PS CITY of FIGERS ANC DIRECTORS 12. OFFICERS ANC DIRECTORS 13. ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS TITLE PS CITY of FIGERS ANC DIRECTORS 14. CITY of FIGERS 13. ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY of FIGERS 15. ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY of FIGERS 15. ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS 16. CITY of FIGERS 17. ST. ZP 18. ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS 18. TITLE 19. CITY of FIGERS 19. CITY	_	
STREET ADDRESS STRE	€ No	
ECKARDT, HERBERT 15454 S.W. 68 LANE MIAMI FL 33166 82 Street Acdress (P.O. Box Number is Not Acceptable) 83		
15.454 S.W. 68 LANE MIAMI FL 33166 83 84 City		
MIAMI FL 33166 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statuses. the above-named corporation submits this statement for the purpose of change office or registered agent, or borb, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment agent and first flam with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed rain to of registered agent and first if applicable (NOTI. Registered Agent algorithm required when reinstating) DATE 12.		
11. Pursua at to the provisions of Sections 607,0502 and 607,1508, Florida Statures, the above-named corporation submits this statement for the purpose of change office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed rain to of registered agent and title if application. (NOTI: Registered Agent algorithm required when reinstating). DATE		
## Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change depend of circular and familiar with, and accept the obligations of, Section 607.0505, Fixed a Statutes. ### Signature, typed or printed rials to different agent of the purpose of circular and familiar with, and accept the obligations of, Section 607.0505, Fixed a Statutes. ### Signature, typed or printed rials to different agent signature required when reinstance) ### DELETE		
11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment agent and martillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed rain to of registered agent and title if applicable. (NOTI: Registered Agent signature required when reinstation). DATE 12. OFFICERS ANI: DIRECTORS 13. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS TITLE PS ECKARDT, HERBERT P. 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP 14. CITY-ST-ZIP 14. CITY-ST-ZIP 14. CITY-ST-ZIP 15. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS 15. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS 16. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS 17. ST-ZIP 18. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS 18. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS 19. ADDITIC NS/CHANG	Zip Code	
SIGNATURE Signature, typed or printed noise of registered agent and late if applicable (NOT) Registered Agent algorithms required when reinstatung) DATE	j its r∋gistered s registered	
Signature, typed or printed rain to of registered agent and title if applicable NOTI: Repistered Agent algorithms required when reinstating) DATE		
12. OFFICERS AND DIRECTORS TITLE PS CECKARDT, HERBERT P. STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-		
TITLE	CTORS IN 12	
NAME		
13 STREET ADDRESS		
TITLE		
TITLE		
NAME	ige Addition	
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	5-	
CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE □ Chr. NAME 32 NAME 32 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE □ Chr. Chr. <t< th=""><td></td></t<>		
TITLE		
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS A4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-STREET ADDRESS CITY-STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-STREET ADDRESS CITY-STREET ADDRESS	ge Addition	
STREET ADDRESS	geAddition	
STREET ADDRESS STRE		
TITLE DELETE 4.1 TITLE Chr. NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE Chr. NAME 52 NAME 52 NAME Chr.		
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 52 NAME		
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Ch. NAME 5.2 NAME Ch.	ige 🗌 Addition	
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE □ DELETE 5.1 TITLE □ Ch. NAME 52 NAME □ CTYPE ADDRESS		
TITLE DELETE 5.1 TITLE Ch. NAME 52 NAME		
NAME 52 NAME		
FOOTSTANDERS	ge Addition	
STREET ADDRESS 5.3 STREET ADDRESS		
CITIZET PEDIAGO		
CITY-ST-ZIP 5.4 CITY-ST-ZIP		
TITLE DELETE 6.1 TITLE Ch		
	ge Addition	

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 indicater on this annual report or supplemental a nual 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 occurate his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attach of the corporation of the corporat

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)