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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

. Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State

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DOCUMENT #	V69800
Corporation Name	¥ 00000

CAUSEWAY TRADING, INC.

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DUNCON FL 34698 US  US  US  US  US  3. Date Incorporated or Qualified 10/05/1998 10/05/1998 2. Principal Place of Business 2. Mailling Address 2. Principal Place of Business 2. Mailling Address 2. Principal Place of Business 2. Mailling Address 3. Date Incorporated or Qualified 10/05/1998 3. Date Incorporation or Paper Incorporated 3. Paper Incorporation or Status Desired   Sat. 755 Addition Fee Required City & State   Cit	DUNEOIN FL	ce or business	Mailing Address				1 (00)) DITE TO THE POST OF THE	IL MAIT BERRE M	INII BINII BINII	OLGIK OFBILLIĞÜL
US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/05/1992  2. Principal Place of Business 2. Adding Address 3. Date Incorporated or Qualified 10/05/1992  2. Principal Place of Business 2. Applied 1 2. Suite, Apt. #, etc. 5. Serificate of Status Desired   S8.75 Address 5. Certificate of Status Desired   S8.75 Address 6. Election Campaign Financing   S5.00 May & Address of Country   S7.00 May & Address of Country   S7.00 May & Address of Current Registered Agent   Name		R	527 PAULA DR							
2. Principal Place of Business	U\$	34698								
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2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-3148455   Not Applied							•			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	2 Principal I	Place of Business	2a Moiling Address							
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25   29   30   Personal Property Tax.   Yes   Note   Not		Country		Countr	ry		<del> </del>	nt vear Inta		10 1 11 10 1
STAFFORD, S.L. 14812 N. FLORIDA AVENUE TAMPA FL 33613  82   Street Address (P.O. Box Number is Not Acceptable)  TAMPA FL 33613  83   Street Address (P.O. Box Number is Not Acceptable)  The 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 registred 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, 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, 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, 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, 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, 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, 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, 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, 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, or both, in the State of Post appointment agent and the florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent and the florida.  12. OFFICERS AND DIRECTORS 11.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.  14. AUTHO	24	25	29	30			1 · · · · · · · · · · · · · · · · · · ·	in your nice		□No
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Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	office or	registered agent, or both, in the State	e of Florida. Such change was au	ithorized by	y the	ned corpor corporation	ration submits this statement for the p o's board of directors. I hereby accept	ourpose of our the appoin	changing its ntment as re	registered gistered
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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: