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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90069 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # *ALLURING INVESTMENTS, INC*
 1. Corporation Name

4167902

326019 - 90069 - 13

Principal Place of Business Mailing Address
3366 NW 13th ST
GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <i>ALLURING Profiles</i>	26 <i>3366 NW 13th ST</i>	<i>59-2558880</i>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State <i>GAINESVILLE FL</i>	28 City & State <i>GAINESVILLE, FL</i>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip <i>32609</i> Country <i>FLORIDA</i>	29 Zip <i>32609</i> Country <i>FLORIDA</i>	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<i>LOWELL GARRETT</i> <i>14007 Millhopper RD</i> <i>GAINESVILLE, FL 32653</i>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <i>FL</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>PRESIDENT</i>	1.1 TITLE	<i>P</i>
NAME	<i>LOWELL GARRETT</i>	1.2 NAME	<i>LOWELL GARRETT</i>
STREET ADDRESS	<i>14007 Millhopper RD</i>	1.3 STREET ADDRESS	<i>14007 Millhopper RD</i>
CITY-ST-ZIP	<i>GAINESVILLE, FL 32653</i>	1.4 CITY-ST-ZIP	<i>GAINESVILLE, FL 32653</i>
TITLE	<i>VICE PRESIDENT</i>	2.1 TITLE	<i>V</i>
NAME	<i>SANDRA GARRETT</i>	2.2 NAME	<i>SANDRA GARRETT</i>
STREET ADDRESS	<i>14007 Millhopper RD</i>	2.3 STREET ADDRESS	<i>14007 Millhopper RD</i>
CITY-ST-ZIP	<i>GAINESVILLE, FL 32653</i>	2.4 CITY-ST-ZIP	<i>GAINESVILLE, FL 32653</i>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Lowell Garrett* 4/7/99 352-332-4014
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)