

DOCUMENT # P29857

1. Entity Name

AAUSTIN ENTERPRISES, INC.

Feb 08, 2000 8:00 a Secretary of State

02-08-2000 90172 046 ***150.00

Principal Place of Business

Mailing Address

25299 BREST RD
TAYLOR MI 48180
US

25299 BREST RD
TAYLOR MI 48180-6850
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-1300896

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELO INSENGA-RIMART
28461 SW 163 AVE
FT LAUDERDALE FL 33033
Homestead

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 Added

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCLOE, ANN	
STREET ADDRESS	25299 BREST ROAD	
CITY-ST-ZIP	TAYLOR MI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLOE, GARRY	
STREET ADDRESS	25299 BREST ROAD	
CITY-ST-ZIP	TAYLOR MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11, 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

Date

Signature

734-940