

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90118 046 ***150.00
 05-12-1999 90005 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000102531

1. Corporation Name
ANDREW AND ATILA, INC. ✓

Principal Place of Business Mailing Address
1556 CHATEAUX DE VILLE CT.
CLEARWATER, FLORIDA
33764 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
DECEMBER, 07, 1998

2. Principal Place of Business 2a. Mailing Address
21 CHATEAUX DE VILLE 26 CHATEAUX DE VILLE

4. FEI Number Applied For
 Not Applicable

Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
22 1556 27 1556

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

City & State 28. City & State
23 CLEARWATER, FL 28 CLEARWATER, FL

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

Zip Country 29. Zip Country
24 33764 25 USA 29 33764 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASZLO KOVACS
29127 RIVERGATE RUN
WESLEY CHAPEL
FLORIDA 33543 U.S.A.

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 **LASZLO KOVACS** **APRIL 19, 1999**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	MARIA LUKACS
STREET ADDRESS	1556 CHATEAUX DE VILLE CT
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	LASZLO KOVACS
STREET ADDRESS	29127 RIVERGATE RUN
CITY-ST-ZIP	WESLEY CHAPEL, FL, 33543
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	MARIA LUKACS
STREET ADDRESS	1556 CHATEAUX DE VILLE CT.
CITY-ST-ZIP	CLEARWATER, FL, 33764
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	MARIA LUKACS
STREET ADDRESS	1556 CHATEAUX DE VILLE CT.
CITY-ST-ZIP	CLEARWATER, FL, 33764
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **MARIA LUKACS** *Maria Lukacs*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 19, 1999 813 991 6848
 Date Daytime Phone #

CR2E034 (11/98)