PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # OOG

1. Corporation	AUSS GROUP, INC.					
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		UIBIL UCDII UEUCI UIZ	JII OPOR LOGOL
715 N SHERRILI P O BOX 23943 TAMPA FL 3360 US	1	5215 W. LAUREL ST.: #200 P O BOX 23943 TAMPA FL 33623 US		DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE	
		2- Mailing Address		01/14/1958 4. FEI Number	Ann	lied For
2. Principal Pl	ace of Business	2a. Mailing Address	2943	59-0832794	— — · · ·	Applicable
Suite, Apt. 1	#. etc.	Suite, Apt. #, etc.			_\$8.75 Ad	ditional
22	.,	27		5. Certificate of Status Desired	Fee Req	uired
City & State	9	City & State	20.33	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	•
23] Zip	Country	Zip Zip	Country	This corporation owes the current year Ir		1 555
24	25	29 33623 30	⊓ v. e é- ⊸	Personal Property Tax.		JNo │
24	9. Name and Address of Curren			10. Name and Address of New Registered	Agent	-
			81 Name			
	USS, ELMER J		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
715 N SHERRILL STREET			OI CHOCK AGE			
TAMPA FL 33609			83			\
			84 City		85 Zip C	ode
				<u> </u>	- [] .	
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	onzed by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	t changing its r intment as reg	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agent signature requir			
SIGNATURE		it and title if applicable. (NOTE: Re	egistered Agent signature requirements	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
	OFFICERS AN				ND DIRECTOR	RS IN 12
12.	S MOORE, CHARLENE D	D DIRECTORS	13.			
12. TITLE	OFFICERS AN S MOORE, CHARLENE D 715 N SHERRILL STREET	D DIRECTORS	13. 1.1 TITLE			
12. TITLE NAME	OFFICERS AN S MOORE, CHARLENE D 715 N SHERRILL STREET TAMPA FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

715 N. SHERRILL STREET

TAMPA FL 33609

2/10/99 813-289-3180

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90036 011 ***150.00