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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 250533

AUSTIN	INVESTMENT COMPANY,	INC.					!				
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Principal Place			ailing Address								
1408 N. WESTS	SHORE BLVD.		18 N. WESTSHORE BL	LVD.							
STE. 1002 TAMPA FL 3360	07		. 1002 Mpa FL 33607					DO NOT WR	ITE IN THIS	SPACE	
US	U7	US	WEN LE 22001					3. Date Incorporated or Qualifect		O. AOL	
00		00						08/24/1961	<u>-</u> '		
<u> </u>			A4-191					4. FEI Number		- 1	Applied For
_	Place of Business	2a.	Mailing Address					l **		⊢⊦	
21		26						59-0975112			Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.					5. Certificate of Status Desired		* * * * * * * * * * * * * * * * * * * *	5 Additional Required
City & Stat	te	— <del> -</del> -	City & State					6. Election Campaign Financing		\$5.0	00 May Be
23		28	•					Trust Fund Contribution			ed to Fees
Zip	Country	— <u> -</u> -	Zip	Cou	intry			8. This corporation owes the cur	rent vear Inta	ngihle	<u></u>
24	25	29		30	•			Personal Property Tax.	rom your me	Yes	□No
24	9. Name and Address of Curre		tored Agent	30	_			10. Name and Address of New	Registered A		
	g. Name and Address of Curre	ent Keğisi	rated Agent		81	Name	 }	10. Hame and Address of Her	rtogiotorou r		
AUS	tin, alfred s								-1-1-2		<del></del>
1408	B N. WESTSHORE BLVD.				82 Street Addr			ss (P.O. Box Number is Not Accept	able)		
STE. 1002				83							
TAM	PA FL 33607				Ц						
					84	City			FL	85   Z	ip Code
office or o	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florid	la. Such change was	authorized	י עס ב	the con	d corpor coration	ation submits this statement for the 's board of directors. I hereby acce	purpose of optithe appoin	changing Itment as	its registered registered
CICNATURE											
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	f applicable. (NO	TE: Registered	Agen	t signature	required w	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag		CTORS	TE: Registered	Ageni	t signature	required w	when reinstating) ADDITIONS/CHANGES TO OF			
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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 or an attachment with an address; with all other like empowered.

SIGNATURE:

2/15/99

813289-3886