PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

03-01-1999 90057 024 \*\*\*150.00

DOCUMENT #	684154
1. Corporation Name	001101

FOURLE	AF, INC.							
	<u> </u>							<b>!!!</b> !!
Principal Place	of Business	Mailing Address						
42 MINNEHAHN		42 MINNEHAHA CIRCLE						
MAITLAND FL 32751 MAITLAND FL 32751					DO NOT WRITE IN THIS SPACE			
US I		US				3. Date Incorporated or Qualifed		
ļ						08/14/1980		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
		ha Circlo			59-2029588	N <sub>1</sub>	ot Applicable	
21 34 Minnehaha Circle 26 34 Minnehah Suite, Apt. #, etc. Suite, Apt. #, etc.			Id	- <del></del>			\$8.75	Additional -
22 27						5. Certificate of Status Desired	Fee Re	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Ir		
24 3275	1-453925	29 3 2 7 5 1 - 4 5 3 9 30	š0 <u> </u>			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Registered	I Agent	
	WIT DEDT 1		81	Name				
	GHT, BERT A		82			ss (P.O. Box Number is Not Acceptable)		
,	IINNEHAHA CIRCLE		\	34	<u>Mir</u>	nnehaha Circle		
MAII	'LAND FL 32751		83					
			84	City			85 Zip	Code
				1		F1	<u>La2751</u>	<u>-4539</u>
11. Pursuant	to the provisions of Sections 607.0502	! and 607.1508, Florida Statutes,	the abov	e-named of	corpor	ration submits this statement for the purpose only board of directors. I hereby accept the appoint	it changing its ointment as re	gistered
office of re agent. Far	n familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes	3.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		
SIGNATURE								
	Signature, typed or printed name of registered agent			nt signature re	equired v	when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	OFFICERS AND	D DIRECTORS	13.	T		ADDITIONS/CHANGES TO OFFICE ROA	Change	☐ Addition
TITLE	DP	L DELETE	1.2 NAME					_
NAME	HAIGHT, BERT A			T ADDRESS	2/	A Winnehaha Girala		
STREET ADDRESS	42 MINNEHAHA CIRCLE					4 Minnehaha Circle aitland, FL 32751-45	20	
CITY-ST-ZIP	MAITLAND, FL 00000	☐ DELETE	1.4 CITY-S 2.1 TITLE	61-ZP	_ Ma	altiand, FL 32731-43	Change	Addition
TITLE	DST	C DELETE	2.1 IIILE 2.2 NAME					_
NAME	HAIGHT, ELSIE M		l .		2.	A Milanaha Oimala		
STREET ADDRESS	42 MINNEHAHA CIRCLE			T ADDRESS		4 Minnehaha Circle	20	
CITY-ST-ZIP	MAITLAND, FL 00000	DELETE	2. 4 CITY-1 3.1 TITLE	ST-ZIP	Mā	aitland, FL 32751-45	Change	Addition
TITLE		(1 DECE 15						_
NAME			3.2 NAME	T ADORESS				-
STREET ADDRESS								ſ
CITY-ST-ZIP		☐ DELETE	3.4. CITY-1	31-217			☐ Change	Addition
TITLE		- Detere	4.7 THE					_
NAME			l .	T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	)1-ZIP			Change	Addition
TITLE		المالية المالية	5.2 NAME				<b>3</b>	
NAME				T ADDRESS				1
STREET ADDRESS			5.4 CITY-5					Ì
CITY-ST-ZIP			6.1 TITLE			**************************************	☐ Change	Addition
TITLE			6.2 NAME			•		
NAME				T ADDRESS	ı			{
STREET ADDRESS			e 4 CITY 6	T 700				ł

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:

964 Secretary 2-2-99 407-647-58/3
Date Dayline Phone #

CR2E034 (11/98)