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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name ANALE, INC.

DOCUMENT # G19316



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90039 004 ***150.00

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Principal Place	e of Business	Mailing Address							
P. O. BOX 7066		P. O. BOX 7066				1			
CLEARWATER FL 33758 CLEARWATER FL 33758						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						01/19/1983			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-	- Ar	pplied For
21 26					59-2259639		No.	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·	5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & Stat	6	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	ent year Int	4	
24	25	29 3	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Cui	rrent Registered Agent		•		10. Name and Address of New F	Registered	Agent	
COLI	CDCD DALIL C		Ì	81	Name				
	ERER, PAUL C		ř	82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
	- 5TH AVE., N.				28	155 5+4 AVE.	No.	<u>·</u>	
SI. I	PETERSBURG FL 33713			83	. ,	·			
			}	84	City			85 Zip	Code
					}	poration submits this statement for the	FL	- , , .	
SIGNATURE	Signature, typed or printed name of registered		Registered /	Agen	ıt signature requii	ired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TIT	LΕ	}			Change	☐ Addition
NAME	AYERS, ALLYN		1.2 NA			A2	. 1/2		
STREET ADDRESS	2950 - 5TH AVE., N.		1.3 STF	REET	ADDRESS 0	2255 5th AVE	: , 100	<u>.</u>	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CIT		r-ZIP		37/-		
TITLE		☐ DELETE	2.1 TIT	LΕ		•		Change	☐ Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 STF	REET	T ADORESS	,			
CITY-ST-ZIP			2. 4 CI	<u> </u>	T-ZIP	·			
TITLE	1	☐ DELETE	3.1 TIT	LE	ļ			Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STI	REET	TADDRESS				
CITY-ST-ZIP			3.4. CF	1Y <u>-</u> S	r-ziP				
TITLE		☐ DELETE	4.1 TIT	LE				Change	
NAME			4, 2 NA	ME	ſ				
STREET ADDRESS			4.3 ST	REET	T ADDRESS				
CITY-ST-ZIP			4.4 CIT	۲- <u></u> 51	r-zie				
TITLE		☐ DELETE	5 1 TIT					Change	☐ Addition
NAME			5.2 NA						,
STREET ADDRESS			5.3 ST	REET	T ADDRESS	t e			
CITY-ST-ZIP			5.4 CIT		T-ZIP			 _	
TITLE		☐ DELETE	6.1 TIT	LE				Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	TADDRESS				•
CITY-ST-ZIP			6.4 CIT	Y-8	T-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:

an attachment with an address, with all other like empowered.

| Club | Allign Ayers | 2/5/99/727)322-16/3

CR2E034 (11/98)