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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G47241

1. Corporation Name

ALLEGRO WORLD ENTERPRISES, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90089 019 ***150.00



							OTALIS OF STATE OF S	
		Mailing Address						
incipal Place of	Business	P.O. BOX 522195						
O. BOX 522195		LONGWOOD FL 32752-2195			DO NOT WRITE IN THIS SPACE			
ONGWOOD FL 32752-2195 IS		US			3. Date Incorporated or Qualifed			
					06/23/1983			
					4. FEI Number		Applie	d For
Principal Plac	e of Business	2a. Mailing Address			59-2299385			pplicable
1,100,000		26			 _		\$8.75 Add	litional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
					-6Election Campaign Financing \$5:00 May Be			
City & State		City. & State			Trust Fund Contribution	Ц	Added to I	ees
]		28	Country		This corporation owes the curre	ent year Intan	ngible	
Zip	Country	Zip	Country		Personal Property Tax.	΄ ΄ [Yes [No .
1	25	29 30	<u> </u>		10. Name and Address of New R	egistered A	gent	
<u> </u>	9. Name and Address of Curre	nt Registered Agent	81	Name	10. 110			. 1
			10.			<u> </u>		
ALLEGRO, FRED A.				Street Addre	ress (P.O. Box Number is Not Acceptable)			
PO BO	OX 522195			<u> </u>				
1960	LAKE EMMA ROAD		83				 -	
LONG	WOOD FL 32750		84	City		FL	85 Zip Co	qe
				'	oration submits this statement for the on's board of directors. I hereby accept		hanging its re	enistered
agent. I an	n familiar with, and accept the oblig	gations of, Section 607.0505, Florid	a Statutes	s. ent signature require	h har asing toting)	DATE		
agent. I an	n familiar with, and accept the oblig	gent and title if applicable. (NOTE: F	tegistered Age	5 ,		DATE		
agent. I an	familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	pations of, Section 607.0505, Florid	tegistered Age 13. 1.1 TITLE	ent signature require	h har asing toting)	DATE	D DIRECTOR	RS IN 12
agent. I an	of familiar with, and accept the obliging familiar with a construction of the obliging familiar with a const	gent and title if applicable. (NOTE: F	tegistered Age 13. 1.1 TITLE 1.2 NAME	ent signature require	h har asing toting)	DATE	D DIRECTOR	RS IN 12
SIGNATURE	of familiar with, and accept the oblighted agenture, typed or printed name of registered agenture. The oblighted agenture is typed or printed name of registered agent of the oblighted agent of the oblighted agent of familiar with a printed agent of the oblighted agent of familiar with a printed agent of the oblighted ag	gent and title if applicable. (NOTE: F	tegistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	int signature require	h har asing toting)	DATE	D DIRECTOR	RS IN 12
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agent. I am SIGNATURE 12. TITLE	of familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A PTD ALLEGRO, FRED A. 1960 LAKE EMMA ROAD LONGWOOD FL VSD	gent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE	ent signature requires ET ADDRESS ST-ZIP	h har asing toting)	DATE	D DIRECTOR	RS IN 12
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officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: