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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G49208 1. Corporation Name

AEA, INC.

•	
Principal Place of Business	Mailing Address
% ALAN E. ANDERSON 14912 NORTHWOOD VILLAGE LANE	% ALAN E. ANDERSON 14912 NORTHWOOD VILLAGE LANE

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90026 001 \*\*\*150.00



TAMPA FL 33613 TAMPA FL 33613			DO NOT WRITE IN THIS SPACE						
IMMEN I'L 30010	AMPA 12 33013			3. Date Incorporated or Qualifed					
	P					07/05/1983			<del> </del>
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	ļ	Applied For	
21		26				59-2307290			Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		3.75 Ad	
22		27				J. Cermone of Status Desired	_ 	Fee Req	uired
City & State City & State				6. Election Campaign Financing		<b>5.00</b> M			
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current	year Intangib	le	
24	25	29	30			Personal Property Tax.	<u>□</u> Y		No
	9. Name and Address of Current	11			**	10. Name and Address of New Reg	istered Agen	t	
				81 1	Name				
	rson, alan'e.		}	82 5	Ctroot Addro	ess (P.O. Box Number is Not Acceptable	a)		
14912	NORTHWOOD VILLAGE LANE			02	oneer woore	SO (F. O. DOX MUITIDE TO MOLACOPHIBLE	-/ 	<u></u>	<u> </u>
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				84 (	City		FL 85	Zip Co	oae
<u> </u>	70.70	CO7:4509 Florida Statut	es the st		amed corno	oration submits this statement for the pu	rpose of chan-	ging its re	egistered
11. Pursuant to	the provisions of Sections 607.0502 istered agent, or both, in the State of	Florida: Such change was a	uthorized	by the	e corporation	n's board of directors. I hereby accept to	he appointmer	nt as regi	stered
agent. Lam	familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statu	ıtes.		oration submits this statement for the pun's board of directors. I hereby accept the			
SIGNATURE							DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: N				Agent sig	gnature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	OFFICERS AND	DIRECTORS DELETE	13.		—-			Change	Addition
	PD	C. DELETE	1.1 ΠΤ			12 14 2 11 11 11 11 11 11 11 11 11 11 11 11 1			_
	ANDERSON, ALAN E.		1.2 NA						
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	TD	☐ DELETE	2.1 111	T.E			LJ'	Change	☐ Addition
NAME /	ANDERSON, SHARON L.		2.2 NA	ME					
	14912 NORTHWOOD VILLAGE		2.3 ST	REET AL	ODRESS				
	TAMPA FL		2.4 C	TY-ST-Z	ZIP				
		☐ DELETE	3.1 717			-		Change	Addition
[ [44]] [i-s	PER SINCE		3.2 NA	ME					
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NAME			5.2 NA						
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			6.3 ST	TREET A	DDRESS				
				TY-ST-2		•			
L CITY-ST-ZIP, St. 1.3	The Table Off Street		0.7 ()	3, 2			<u></u> ,		

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 suppliemental 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:

/- 4- 98 813- 962- 6222