05-06-1999 90047 046 ***150.00

Addition

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H20505**

1. Corporation Name

ALAIN I II	IEEMAN, INC.			L KORIANI ENIA IKON BOLDI GINIK BAKOL BILI BIRIK E	(8)) 8(8)) 8(8)) 8(8)) 8(8)) 188)
Principal Place	of Business	Mailing Address		T (10010)); 0110 1:011 6010; 01:11 00101 0111 01011 0	IDII AIDII Atau aran arasi 1001
436 WYMORE R		436 WYMORE RD.			
WINTER PARK FL 32789 WINTER PARK FL 32789			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed	OI NOC
				09/11/1984	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2506397	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	_	27		5. Certificate of Status Desired	Fee Required
City & State	e	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 int	
24	25	29 30	0	Personal Property Tax.	
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
SANI	DERSON, BRUCE A.				
436 WYMORE RD.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	TER PARK FL 32789		83		
			84 City	FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	the above-named corp	poration submits this statement for the purpose of	changing its registered
office or t	egistered agent, or both, in the State (of Florida Such change was auth	named by the compreti	-n's beard of directors. I boroby account the appoi	ntmont or registered
	as feasilies, with and agonat the obligat	ions of Section 607 0505 Florid	sorized by the corporate	on a board of directors. Thereby accept the appoint	illinent as registered
_	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.	on's board or directors. Thereby accept the appor	nument as registered
SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	egistered Agent signature require		minerit as registered
SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid I and title if applicable. (NOTE: Ri D DIRECTORS	a Statutes.		ND DIRECTORS IN 12
SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE: Re	a Statutes.	ad when reinstating) DATE	
SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	ions of, Section 607.0505, Florid I and title if applicable. (NOTE: Ri D DIRECTORS	a Statutes. egistered Agent signature require	ad when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS ANI VSC SANDERSON, BRUCE A. 1736 CEDERSTONE COURT	ions of, Section 607.0505, Florid I and title if applicable. (NOTE: Ri D DIRECTORS	egistered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATE	ND DIRECTORS IN 12
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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 on an ayachment with an address, with all other like empowered. CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change