PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # H25500



FLORIDA DEPARTMENT-OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90112 010 \*\*\*150.00

1. Corporation	on Name	,0				'		
A&FE	INTERPRISES, INC.							
Principal Plac	ce of Business	Mailing Addre	ess					
1528 SOUTH N	NOVA ROAD	1528 SOUTH N	IOVA ROAD					
DAYTONA BEACH FL 32114-5816 DAYTONA BEACH FL 32114-5						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	10 0.702	
						10/15/1984		
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For
¬ '			34,000			59-2458120	Not Applicable	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			. #, etc.					Additional
						5. Certifcate of Status Desired	Fee	Required
22     27			ite			6. Election Campaign Financing	\$5.0	0 May Be
23 28						Trust Fund Contribution	•	d to Fees
Zip	Country	Zip	C	ountry		8. This corporation owes the current year	Intangible	-
24	25	29	30			Personal Property Tax.	Z Yes	No
	9. Name and Address of Cui	rrent Registered Ager	nt			10. Name and Address of New Register	ed Agent	
		· ·		81	Name			
	VIN, MARY LOU			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2983 BRISTOL LANE					O. Guilland	,		
SOUTH DAYTONA FL 32119				83				
				84	City		. 85 Zi	p Code
				04	City	F	<b>:L</b>   "   - "	
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	(NOTE: Register		it signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	P	E		TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Chang	
NAME	BOIVIN, MARY LOU		1.2	NAME	Ì			
STREET ADORESS			1.3	STREE	TADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA FL		14	CITY-S	T-ZIP			
TITLE	S DELETE			2.1 TITLE		☐ Chang	je 🗌 Addition	
NAME	CHILOVI, MICHAEL			2.2 NAME				
STREET ADDRESS			23	STREE	TADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA FL		2.4	CITY-S	ST-ZIP			
TITLE	T		DELETE 3.1	TITLE			[] Chang	pe Addition
NAME	BOIVIN, LOUIS R.		3.2	NAME			•	
STREET ADDRESS			3.3	STREE	TADORESS			
CITY-ST-ZIP	S. DAYTONA FL		3.4	. CITY-S	ST-ZIP			
TITLE			DELETE 4.1	TITLE			Chang	geAddition
NAME			4.1	2 NAME				
STREET ADDRES	s		4.3	STREE	T ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP		[7.0E	A DADE
TITLE				TITLE	1		Chang	ge 🗌 Addition
NAME				NAME				
STREET ADDRESS	s				T ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE			3 000210	TITLE	ĺ		Chang	ge
NAME				NAME				
STREET ADDRESS	s				T ADDRESS			
CITY-ST-ZIP			6.4	CITY-S	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:

MARY LOU BOIVIN ME OF SIGNING OFFICE OF DIRECTOR DIRECTOR

904-253-9382

Daytime Phone #

R2E034 (11/98)