## 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 # H41248

ALAN SMOLEN & ASSOCIATES INC.

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

03-05-1999 90097 037 \*\*\*150.00

ALAN O	WOLLIN & AGGOGIATES, II									
Principal Plac	ce of Business	Mai	ling Address				f IMBIGIT STOT ACRES (TRUE LIGHT STREET COLUMN	. J.J. 11111 VI	*** =:=:  <b>*!*!</b>	
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PALM COAST	FL 32137	PALI	M COAST FL 32137				DO NOT WRITE IN THE 3. Date Incorporated or Qualifed	115 SPACE		
ì							02/06/1985			
0 8	Diana of Business		Mailing Address				4. FEI Number	· T	Applied Fo	Or
	Place of Business		2a. Mailing Address				59-2497714	<b>]</b>	Not Applic	
21	#	26	Suite, Apt. #, etc.				39-249//14	<b>CR 7</b>	5 Addition:	
Suite, Apt	. #, etc.	27	<del></del>				5. Certifcate of Status Desired		-Required-	
City & Sta	te	_  21	City & State				6, Election Campaign Financing	\$5.	00 May Be	
23		28	ony a one				Trust Fund Contribution		ed to Fees	
Zip	Country		Zip Country				8. This corporation owes the current year	Intangible		
24	25	29	, ' — — '				Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curr		ered Agent	1301			10. Name and Address of New Register	ed Agent		
-	o. Hame and Flactions of Our	<del></del>			B1	Name		<del>-</del>		
SMC	olen, alan			<u> </u>						
1 CYNTHIA COURT					82	Street Addr	ss (P.O. Box Number is Not Acceptable)			
PALM COAST FL 32137				l-	83					
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l office or	registered agent or both in the Sta	te of Florida	a. Such change was a	iuthorized i	DV 1	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as	registered	i eu
agent. 1 a	am familiar with, and accept the obli	gations of,	Section 607.0505, Flo	rida Statul	les.		•			
SIGNATURE										_
	Signature, typed or printed name of registered a				lgeni	nt signature require	d when reinstating) DATE	AND DIDE	TODO IN	40
12.	OFFICERS.	AND DIREC		13.	_		ADDITIONS/CHANGES TO OFFICERS	AND DIREC		12 Iddition
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NAME STREET ADDRESS	5		☐ DELETE	6.1 TITL 6.2 NAM	Y-ST .e Me Reet	T ADDRESS		☐ Chan	ge 🗌 Ai	Addition

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

2/20/99

9044452345

Daytime Phone