

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

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Sep 14, 1999 8:00 am
Secretary of State

09-14-1999 90002 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name
 AUCON DEVELOPMENT CORPORATION

~~1000~~ J84055

Principal Place of Business Mailing Address

~~5000 SOUTHWEST~~
 5 E. BROOKWOOD DRIVE
 CLEMSON, SC 29631

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	26	59-2830934	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
27		<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
28		<input type="checkbox"/>	
Zip	Country	Zip	Country
25		29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

JEFFREY GREENBERG
 761 WEST HILLSBORO BLVD.
 SUITE 201
 DEERFIELD BEACH, FLORIDA

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	RALPH C. AUCON - PRES. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	115 E BROOKWOOD DRIVE	1.2 NAME	
CITY-STATE-ZIP	CLEMSON S.C. 29631	1.3 STREET ADDRESS	
		1.4 CITY-STATE-ZIP	
NAME	CLAYTON J. AUCON - VP. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2564 SCENIC CIRCLE	2.2 NAME	
CITY-STATE-ZIP	GENEVA, S.C. 29672	2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
NAME	BLAINE R. AUCON - SEC. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2564 SCENIC CIRCLE	3.2 NAME	
CITY-STATE-ZIP	GENEVA, S.C. 29672	3.3 STREET ADDRESS	
		3.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	

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: Date: 9/10/99 Daytime Phone #: 864-654-3982

CR2E034 (11/98)

**AUCOIN
DEVELOPMENT
CORPORATION**

AUCOIN DEVELOPMENT
2564 SCENIC CIRCLE
SENECA SC, 29672

Phone 864-882-0393:
FAX:
email:

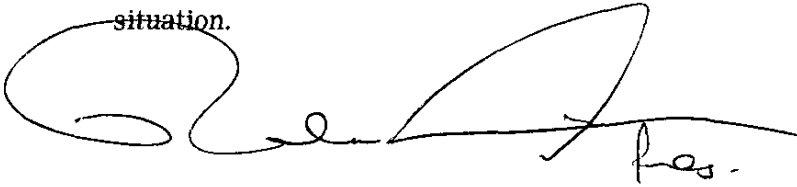
J-84055
614899

Wednesday, August 18, 1999

Annual Report Filings
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

To whom it may concern,

Pursuant to my telephone conversation when I requested a copy of the 1999 Annual Report I am enclosing a executed copy and a check for \$150.00. We relocated out of State and did not receive a copy. My registered agent did not get a copy as well. If there is problem with the amount please contact me as soon as possible so we can remedy the situation.



Ralph Aucoin
President