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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90047 015 ***150.00

1. Corporation	MENT #J90033 AUGA COMPANY							
Principal Place	e of Business	Mailing Address			I SMALLIA ASSULTATION DELLE AL	**********************************	:: =(SI4 \$16)(\$(E() 8)	.e. 91917 1991
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		TITUSVILLE FL 32780 US					THIS SPACE	 ,
5		03			3. Date Incorporated or Q 08/26/1987	uameu ;		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		├	pplied For
21		26			59-2857836			tot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifeate of Status De	sired		Additional Required
22		27						
City & State	е	City & State			6. Election Campaign Fina			May Be I to Fees
23		28	Country		Trust Fund Contribution	 -		to rees
Zìp	Country	Zip	Country		8. This corporation owes t	ne current ye	ar Intangible ∐Yes	□No
24	9. Name and Address of Curre	,	10		Personal Property Tax. 10. Name and Address of	New Regist		
<u>. </u>	5. Haine and Addiess of Cults	ur isaliarei on islain	81	Name	141			
SNOD	GRASS, LYNN ALVIN							
3603 A	ALAN DR		82	Street	Address (P.O. Box Number is Not	Acceptable)		
TITUS	VILLE FL 32780		83	<u> </u>	•	 ;	-	
			104				- 85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State families agent the obligations.	e of Florida. Such change was aut	honzed by	the come	corporation submits this statement oration's board of directors. I hereb	for the purpo	FL se of changing it	ts registered registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable (NOTE: R	s, the above horized by da Statutes	e-named the corp	oration's board of directors. I nevel	for the purpo y accept the	se of changing it appointment as r	egistered
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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 attagrament with an address, with all other like empowered.

SIGNATURE

ALVING SNODGRASS TSECRETA

TSECRETARY/TREASURE

3 JAN 99

407/267-5785 Daytime Phone # 2E034 (11/98)