

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

**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

01-28-1999 90028 036 \*\*\*\*150.00

**DOCUMENT # K53011**

1. Corporation Name  
**ALAN GARDNER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % ALAN GARDNER, 9021 SW 94 AVE, MIAMI FL 33176  
 Mailing Address: % ALAN GARDNER, 9021 SW 94 AVE, MIAMI FL 33176

3. Date Incorporated or Qualified: 12/12/1988  
 4. FEI Number: 65-0089634  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23): Suite, Apt. #, etc., City & State, Zip, Country  
 2a. Mailing Address (26-30): Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent: GARDNER, ALAN, 9021 SW 94 AVE, MIAMI FL 33176

10. Name and Address of New Registered Agent (81-85): Name, Street Address, City, Zip Code

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

12. OFFICERS AND DIRECTORS  
 TITLE: D  
 NAME: GARDNER, ALAN  
 STREET ADDRESS: 9021 SW 94 AVE  
 CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP  
 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP  
 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP  
 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP  
 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP  
 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-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: \_\_\_\_\_ DATE: 12/30/98 (305) 595-0500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)