FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005870

1. Corporation Name

AFE NEG COMBITE CORPORATION

Principal Place of Business 1700 N.W. 105TH LANE CORAL SPRINGS FL 33071 Mailing Address

1700 N.W. 105TH LANE CORAL SPRINGS FL 33071

FILED Apr 08, 1999 8:00 am Secretary of State

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								3 5 1 1						
2. Principal Pl	lace of Business	2a 26	2a. Mailing Address					3. Date Incorporated or Quelifed 10/14/1998						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4. FEI Number			_	Appli	ed For	
—	, 0.0.	27	27					65-089216	96			Not A	pplicable	
City & State			City & State								\$8.7	5 Add	litional	
 '		28	¬ ·					5. Certifcate of Status Des	sired l		Fee	Requ	ired	
Zip	Country	20	Zip	Cou	intry			6. Election Campaign Fina	encina .	_	\$5.	00 м	ev Be	
¬ '		29		30				Trust Fund Contribution	- 1	⊐,		ed to f		
24	25		L	30	_			10. Name and Address of		istered a				
Name and Address of Current Registered Agent						Name	······································							
GASTON, MICHELLE					82	Street	Addres	ss (P.O. Box Number is Not a	Acceptable	e)	•			
1700 N.W. 105TH LANE														
CORAL SP	PRINGS FL 33071				83									
					84	City				-	85	Zip Co	de	
						_	•			FL	, 🔟			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.														
SIGNATURE	SIGNATURE													
01010110112	Signature, typed or printed name of registered agent			<u> </u>		t signature	required v	when reinstating)	TO OFFIC	DATE	D DIDE	CTOR	2 IN 12	
12.	OFFICERS AND	DIR		13.			_	ADDITIONS/CHANGES	TO OFFIC	JEKS AN			☐ Addition	
TITLE	TD		☐ DELETE	1.1 T	πE						Char	ıye	Addition	
NAME	GASTON, MICHELLE			1.2 N	AME									
STREET ADDRESS	1700 N.W. 105TH LANE				1.3 STREET ADDRESS							•		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			1.4 0	:ITY-\$1	r-ZIP								
TITLE	D		☐ DELETE	2.1 T	ITLE						Cha	nge	☐ Addition	
NAME	DUCHEMIN, ROSE			22 N	IAME		1							
STREET ADDRESS	1700.N.W. 105TH LANE.			2.3 S	TREET	ADDRESS		.			_		•	
- '	CORAL SPRINGS FL 33071		يهاني ويروهان أن منطور به كسميهم		CITY-S	. 2		Le Charles a reference parties for the	ಹ ಭಾಗತ್ತಿ⊶					
TITLE	SD SD		☐ DELETE	3.1 T							Char	nge	Addition	
	DUCHEMIN, JIM PIERRE				IAME									
NAME		3404				ADDRESS					•.			
STREET ADDRESS	4126 INVERRARY BLVD, APT. #2	.4U I												
CITY-ST-ZIP	LAUDERHILL FL 33319		☐ DELETE	_	CITY-S	1- AP	}				☐ Chai	noe	Addition	
TITLE	PD		C DETELE		TILE						·	<i>a</i> -		
NAME	LEBRUN, PIERRE R				NAME									
STREET ADDRESS						ADDRESS	1							
CITY-ST-ZIP	N. MIAMI BEACH FL 33162			_	TY-S	T- ZIP	 				□ Cha	000	Addition	
TITLE	}		☐ DELETE		TILE						[] Cha	เเลือ	Mudilion	
NAME		•			iame									
STREET ADDRESS				5.3 \$	TREET	ADDRESS	1							
CITY-ST-ZIP					TY-S	r-ZIP	<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>						
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	\ .			6.4 0	TY-S	T-ZIP								
CITY-ST-ZIP	I													

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 617, 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99 954) 153-31-37