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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P10372**


## FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90005 021 \*\*\*150.00

	AY, INC.								
							N BIBN BIBN		
Principal Place	e of Business	Mailing Address							
	EE INDUSTRIAL BLVD.	PO BOX 4175							
NORCROSS GA 30071 NORCROSS GA 30019-4175 US					DO NOT WRITE IN THIS SPACE				
		00			3. Date Incorporated or Qualifed	-			
					06/09/1986				ļ
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number	•	Ar Ar	plied For	
21					58-1624514		No	t Applicable	]
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional	
22		27			5. Certifcate of Status Desired		Fee Re	equired	
City & State	e	City & State		-	6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	ļ
Zip	Country	Zip	Coun	try	8. This corporation owes the curre	ent year Inta		<b></b>	
24	25	<u></u>	30		Personal Property Tax.		Yes	□No	┨
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered /	Agent		┨
1 15 15	TED OTATES CORROBATION CO	LADALIV	1	31 Name					
	ED STATES CORPORATION CO	WPANT	ĩ	32 Street A	Address (P.O. Box Number is Not Accepta	ble)			1
	HAYS STREET		L						1
	E 105		1	33					
IALL	AHASSEE FL 32301			34 City			85 Zip	Code	1
						<u>FL</u>			1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ove-named o	corporation submits this statement for the ration's board of directors. I hereby accep	purpose of a	changing its	registered edistered	ĺ
oπice or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statut	es.	ration's board of directors. Thorough assep	t ino appon		3.2	
SIGNATURE	· · · · · ·								
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: F	Registered A	gent signature re	quired when reinstating)	DATE			.}
12.	OCEICEDS AN								
		D DIRECTORS	13.	_ +	ADDITIONS/CHANGES TO OF	FICERS AN			1 5
TITLE	VD	D DIRECTORS	1.1 TITL	ł	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12 ☐ Addition	
TITLE NAME	VD KRUSE, ALVIN G.		1.1 TITL 1.2 NAW	Ε	ADDITIONS/CHANGES TO OF	FICERS A <u>N</u>			
i	VD Kruse, Alvin G. 220 Wekiva Spg. Rd.		1.1 TITL 1.2 NAW	ł	ADDITIONS/CHANGES TO OF	FICERS AN			
NAME	VD Kruse, Alvin G. 220 Wekiva Spg. Rd. Longwood Fl	☐ DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	EET ADORESS '-ST-ZIP	ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	CR2F034 (11/98)
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NAME STREET ADDRESS CITY-ST-ZIP	VD KRUSE, ALVIN G. 220 WEKIVA SPG. RD. LONGWOOD FL PD MORRIS, E. RAY	☐ DELETE	1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	EET ADORESS '-ST-ZIP E	ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	
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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 attachment with an address, with all other like empowered.

SIGNATURE:

DIGNOTURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR