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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000011794 (4)

Principal Place of Business	Mailing Address
2060 DOBBS RD UNIT C ST AUGUSTINE FL 32086 US	2060 DOBBS RD., #C St. Augustine FL 32

FILED May 20 1998 8:00am Secretary of State

AUSSE	MARB	LE AND GHANTE	, INC.										1
Principal Plac	e of Busines	R	M	Mailing Address					T KONTINGAT KIN TOTAN TIOKI NOTAN KATAN BARIAL P				1
'		3		2060 DOBBS RD., #C				}					
				ST. AUGUSTINE FL 32086									
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								Γ	3. Date Incorporated or Qualified				
				<u>.</u>					12/15/1992				
	Place of Busin	1088	28	, Mailing Address					4. FEI Number			Applied Fo	
21			26						<u>59-3157167</u>			Not Applica	
Suite, Apt.	. ₩, 6 1C.			Suite, Apt. #, øtc.					5. Certificate of Status Desired			5 Additiona	al
City & Stat	0		27	City & State					Station Country Francisco			Required	
23			28	City of Clare					Election Campaign Financing Trust Fund Contribution	٦		00 May Be ed to Fees	- 1
Zip		Country		Zip	Cou	intry			This corporation owes or has paid to	the curr			
24		25	29		30				Personal Property Tax due June 30	_	Yes	□ No	
	g. Name	and Address of Curre	nt Regis	stered Agent				1	10. Name and Address of New Regis		genl		
AU	JSSEM, STE	PHEN				81	Name						
16	09 SAN JO	SE FOREST CT.				82	Street Ac	ddress	s (P.O. Box Number is Not Acceptable)				\longrightarrow
ST	. AUGUSTI	NE FL 32084					0000110	301000	7 (1 i.e. Dex (vertice) to 110 (1 tecopiator)				
						83							
						84	City				85 Z	ip Code	
						04	Only			FL	00 2	ip Code	
office or r	regi ste red ac	ions of Sections 607,050 jent, or both, in the State ith, and accept the oblic	e of Flori	ida. Such chan ce was :	authorizo	d by	the corpor	orpora ration	ation submits this statement for the purp 's board of directors. I hereby accept the	pose of he appo	changini intment	g Its registe as registere	ered ed
SIGNATURE			,										
OIGITATOTIL	Signature typed	for printed name of registered by	ent and tile	e tappicable (NO	E Registere	d Age	nt signature re:	quired w	when reinstating)	DATE			6
12.		OFFICERS AN	ID DIRE		13.				ADDITIONS/CHANGES TO OFFICER				
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14. Thereby 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.