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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris 🦫 🐣

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400008521

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May 03, 1999 8:00 am
Secretary of State
05-03-1999 90120 021 ***150 00

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AULI	OODS, INC.									
Principal Place	e of Business	Mailing Address				[[BB] BB] A D B B BB BB BB B B				
201 S RIDGEWO	OOD AVE #12	201 S RIDGEWOOD AVE	# 2							
201 S RIDGEWOOD AVE #12 201 S RIDGEWOOD AVE # 2 #12										
EDGEWATER FL 32141 EDGEWATER FL 32141						DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed				
						02/02/1994		11.		_
2. Principal P	. Principal Place of Business 2a. Mailing Address					4. FEI Number			oplied For	_
21	26 Suite Act # cts					59-3227939	•		ot Applicable Additional	<u>'</u>
	uite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Þ		Additional equired	
22 City & State	ty & State City & State				- 51 "			<u> </u>		
·	e	⊢ ′				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	-
Zip	Country	Zip	-Coi	intry-		8. This corporation owes the current year	r Intangil			Ť
	Country	29	30	2.7.L. y		Personal Property Tax.		Yes	□No	
24	9. Name and Address of Current		30	П		10. Name and Address of New Register	$-\!$			7
	5. Name and Address of Current	- regional rigorit		81	Name	, , , , , , , , , , , , , , , , , , , ,				
AFFF	RONTI, ANTHONY A			Ľ.						_
	EAST PALM WAY			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)				1
#12				83						
EDGI	EWATER FL 32132									
				84	City	1	E 8	5 Zip	Code	
44 Dureurant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the a	hove-	named co	rnoration submits this statement for the purpos	of char	naina its	registered	\dashv
office or n	egistered agent, or both, in the State (of Florida. Such change was a	uthorized	d by th	he corpora	ation's board of directors. I hereby accept the ap	pointme	nt as re	egistered	- 1
agentia										1
ugon. ru	m familiar with, and accept the obligat	lions of, Section 607.0505, Fio	nda Stat	utes.						1
SIGNATURE				utes.		uired when reinstating) DATE				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	utes.		ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		IRECTO	ORS IN 12	- 6
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE		d Agent		ADDITIONS/CHANGES TO OFFICERS	AND D	IRECTO	ORS IN 12	9 6
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16.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.

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

Daytime Phone #