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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400060223

1. Corporation Name

ALANJO ENTERPRISES INC.

Principal Place of Business

Mailing Address

TOO WEST DAI METTO DARK ROAD STE 400

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90071 049 \*\*\*150.00



	CA RATON FL 33433	BOCA RATON FL 33433		C. 400	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 08/16/1994		
2.	Principal Place of Business	2a. Mailing Address			) · · · · · · · · · · · · · · · · · · ·	plied For	
21	•	26				t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired Fee Re	Additional	
23	City & State	City & State			6. Election Campaign Financing S5.00 Trust Fund Contribution Added to		
24	Zip Country	Zip Cou	intry		8. This corporation owes the current year Intangible Personal Property Tax.	□No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARELLEK, STEVEN			81 82	_	me eet Address (P.O. Box Number is Not Acceptable)		
			83	83			
		,	84	City	FL 85 Zip (	Code	
-	D	02 and 607 1509 Florida Statutes, the 3	hove	e-named cornor	ration submits this statement for the purpose of changing its	registered	

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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 TITLE PD ΠΠF GARELLEK, STEVEN 1.2 NAME NAME 7000 WEST PALMETTO PARK RD, STE 400 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 进步。2007年8年20日 40年 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ☐ Addition [1] DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 w thress, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)