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 # P95000038714

NED ALLEN, INC.

Principal Place of Business		Mailing Address				
1760 SE 10TH S	RTREET	1760 SE 10TH STREET				
SUITE 201		SUITE 201		DO NOT WRITE IN THIS SPACE		
FORT LAUDERDALE FL 33316-1424		FORT LAUDERDALE FL 33316-1424				
US .		U\$		3. Date Incorporated or Qualifed		
					05/15/1995	1 1 1 1 5 1 5 1
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	_		65-0586183	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			-5Certificate of Status Desired	\$8.75 Additional
22	<u> </u>	27			- 13,1 Octahara of Status Domina	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	Intangible
	25	29	30		Personal Property Tax.	Yes □No
24	9. Name and Address of Curren	120			10. Name and Address of New Register	red Agent
	S. Maine and Addison Co. Co.		8	1 Name		
ALLE	N FOWARD R				and the second s	·
ALLEN, EDWARD R NED 1760 SE 10TH STREET			82 Street Addre		ress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33316			83		2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FUR	LAUDENDALE FL 33310			٦	· · · · · · · · · · · · · · · · · · ·	(對)與6月級(新與學生
			8	4 City		85 Zip Code
	•					
					poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	ppointment as registered
occopt I at	coopt the chical معانية والنساعة أسا					
	m ramiliar with, and accept the obliga-	tions of, Section 607.0505, Flori	ida Statut	es.		
SIGNATURE		tions of, Section 607.0505, Flori	ida Statot	33.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	33.	ed when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered A	gent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered A 13.	gent signature require	ed when reinstating) DATE	S AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN PSD ALLEN, EDWARD R	nt and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	gent signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	gent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSD ALLEN, EDWARD R 1760 SE 10TH STREET	nt and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSD ALLEN, EDWARD R 1760 SE 10TH STREET	nt and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	pent signature requir E E EET ADDRESS -ST-ZIP	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 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 supplied 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 speciver 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 or an attachment with all address with all other like empowered.

62 NAME

5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CMY-ST-ZIP

DELETE

Change

Addition

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90029 039 ***150.00