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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000004875**1. Corporation Name

ALAN LEGATZ, INVESTMENT ADVISORY CO.

Principal Place of Business

Mailing Address

1200 THIRD STREET SOUTH

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90051 036 ***150.00



SUITE 203-E VAPLES FL 34102		SUITE 203-E NAPLES FL 34102			DO NOT WRITE IN THIS SPACE	
WALES IL SAIG	2	MAPLES PL 54102			3. Date Incorporated or Qualifed	
					01/12/1996	
		A Adolling Address		_	4. FEI Number	Applied For
2. Principal Pi	lace of Business	2a. Mailing Address	⊢			Not Applicable
21		26	L		65-0637281	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	–		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State	City & State		Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intar	ngible
24	25	29	30		Personal Property Tax.	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		gent	
			8	1 Name		
LEGATZ, ALAN W			ļ.,			
1300	THIRD STREET SOUTH				fress (P.O. Box Number is Not Acceptable)	
	E 203-E ES FL 34102-7239		8	3		
			8	'	FL	85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thonzed b	v tne corporati	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	hanging its registered ment as registered
SIGNATURE						
OIGHTHORE	Signature, typed or printed name of registered age		Registered Ag	ent signature require	red when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P	☐ DELETE	1.1 TITLE	-		☐ Change ☐ Addition
NAME	LEGATZ, ALAN W		1.2 NAME			
STREET ADDRESS	1300 THIRD STREET SOUTH, S	SUITE 203E	1.3 STRE	ET ADDRESS		
CITY-\$T-ZIP	NAPLES FL 34102-7239		1.4 CITY-ST-ZIP		•	
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	220		2.2 NAME	.		1
				ET ADDRESS	•	
STREET ADDRESS	,		2.4 CITY	1		Í
CITY-ST-ZIP			3.1 TITLE			☐ Change ☐ Addition
TITLE	_			}		
NAME			3.2 NAME	1		
STREET ADDRESS	.		1	ET ADDRÉSS		
CITY-ST-ZIP			3.4. CITY			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4, 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM	:		
STREET ADDRESS	,		5.3 STRE	ET ADDRESS		
			5.4 CITY	I		
CITY-ST-ZIP		DELETE	6.1 TITLE			☐ Change ☐ Addition
TITLE		□ berric	6.2 NAME			
NAME				ET ADDRESS		
STREET ADDRESS	REET ADDRESS					
CITY OF TIO	1		64 CITY	SI-71P		1

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.