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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010165

Corporation Name
 ALLGOOD CORP.

FILED Apr 30, 1999 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing Address			C INDITIONS HER SOLIN BUILD BRING BOILS ONLY IN	ISIN 90101 (1811 aniāl 110:s	8(78) BIR! 188)
8300 NW 103RD STREET 8300 NW 103RD STREET					ł		
HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016			16				
					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		}
		La talli Add			01/29/1996 4. FEI Number		
Principal Place of Business 2a. Mailing Address		⊢¬					plied For
21 26			Suite, Apt. #, etc.		65-0712170	¬ \$8.75 A	t Applicable
		- ¬ '''		5. Certifcate of Status Desired	Fee Re		
22 27 City & State		- City & State	City & State		6. Election Campaign Financing	\$5.00	 -
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	,	8. This corporation owes the current		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current				10. Name and Address of New Reg	istered Agent	
			81	Name			
SOLLA, JOSEPH A			82	Street Ad	Idress (P.O. Box Number is Not Acceptable		
143 WESTWARD DRIVE		02	Sireer Au	ratess (1.0. Box Number is Not Accoptable	•1		
MAIM	vii springs FL 33166		83				
			84	City		85 Zip C	- Code
			104	City		FL 18 219	2008
11 Pursuant	to the provisions of Sections 607.0502	2 and 607 1609 Elorida Statuto	e the abov		maratian cultraits this statement for the pur	pose of changing its	registered
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office or r	egistered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Flori	ithorized by ida Statutes	e-named col the corpora s.	ation's board of directors. I hereby accept the	ie appointment as reg	gistered
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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 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.

SIGNATURE:

MATURE CONTRIBUTED HESSY

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/49

305-821-8300

22E034 (11/98)