

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000015953**

orporation Name  
**AUXLIAGE, INC.**

Principal Place of Business  
**BOX 7301  
MYERS FL 33911**

Mailing Address  
**P.O. BOX 7301  
FT. MYERS FL 33911**

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90012 016 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

26 **P.O. Box 676**

3. Date Incorporated or Qualified

**02/19/1996**

4. FEI Number

**65-0663875**

Applied For

Not Applicable

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

City & State

28 City & State

**Sunbury PA**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

Country

29 Zip

**17801**

Country

**USA**

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, JOSEPH  
2086 BEACON MANOR DRIVE  
FT. MYERS FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	ZIP	DELETED	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PST SCOTT, JOESPH 1274 SUNBURY DRIVE FT. MYERS FL 33901		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP FIELDS, HOLLY 1274 SUNBURY DRIVE FORT MYERS FL 33901		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** **SIGNATURE REQUIRED**

**8-25-99 7913372007**

CR2E034 (5/99)