OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT 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

OCUMENT #

P96000026298

FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90005 013 ***550.00

A GARE	DENS DISCOUNT VACUUN	A, INC.					17 2 17 310 5 317 3 17 313 13 137 13 3 0
cinal Place	e of Business	- Mailing Address = -		· · ·		-{	
3 NORTHL		4203 NORTHLAKE BLVD. PALM BEACH GARDENS F	FL 33410)		DO NOT WRITE IN THI	S SPACE
						3. Date Incorporated or Qualified	<u> </u>
						03/22/1996	
Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
		26				65-0652996	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing	\$5.00 May Be
•		28				Trust Fund Contribution	Added to Fees
<u>lip</u>	Country	Zip	Cou	intry		8. This corporation owes the current year	
	25		30				Z Yes
	9. Name and Address of Curre	ent Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered	d Agent
	N 444 PM 0			81	Name		
	RLAN, MARK C			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	3 NORTHLAKE BLVD.	•		\square			
PAL	.M BEACH GARDENS FL 33410	j		83			
				84	City	Fi	85 Zip Code
	Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS	13.			red when reinstating) '/ DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
	HARLAN, MARK C.		1.2 NA	AME			
TADORESS			4:3°671	REET AD	DRESS		-
ST-ZIP	N PALM BCH FL		1.4 CI	TY-ST-ZI	P		
		DELETE	2.1 Tf7				Change Addition
			2.2 NA				
ET ADDRESS				TREET AC	j		
ST-ZIP			_	TY-ST-ZI	IP		D de la Company
		DELETE	3.1 TIT				Change Addition
:			3.2 NA	ame Treet ac	JUDESS		
ET ADDRESS							
ST-ZIP		DELETE	3.4 CITY-ST-ZIP				Change Addition
		L DEFEIF	4.2 NA				
T ADDDCCC				REET AD	DORESS		
ET ADDRESS BT-ZJP				ITY-ST-Z	1		1
31* 43 F		DELETE	5.1 TIT				Change Addition
			5.2 NA				
:T ADORESS				REET AL	ODRESS		
ST-ZIP			B.	TY-ST-ZI			
		DELETE	6.1 TIT				Change Addition
			6.2 NA	AME			
:T ADDRESS			6.3 ST	REET AD	DDRESS		
T-ZIP			6.4 CIT	TY-ST-Z!	P		

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 ndicated 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 n Block 12 or Block 13 if changed, or on an anachment with an address.

GNATURE: