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 # P96000091694

L'ALLURE, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90020 036 ***150.00

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Principal Plac	ce of Business	Mailing Address			T CHARLIDORY THE CHARLO BARRE WATER	00(11 00111 00(10 1	0101 11510 A110	IBIG BIEL IBE	
161 N ATLANT		161 N ATLANTIC AVE					-	•	
COCOA BEACH		COCOA BEACH FL 32931				NITE IN	an. a='		
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					3. Date Incorporated or Qualife	a		· · · · · · · · · · · · · · · · · · ·	
2 Principal D	Place of Business	2a. Mailing Address			11/05/1996 4. FEI Number		- '	plied For	
⊢ `	Tace of business	⊢ , •						t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			59-3407427	- -	\$8.7,5	• •	1
22	· ·· · · · ·	27			5. Certifcate of Status Desired		Fee Re		ſ
City & Stat	te	City & State			6. Election Campaign Financin	, _	\$5.00	May Re	ı
23		28			Trust Fund Contribution	" □ ·	Added 1		١.
Zip	Country Zip		Country		8. This corporation owes the cu	irrent year Inta	ngible		ı
24	25		10	•	Personal Property Tax.		☐ Yes	□No	l
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered A	igent		l
, DATI	DICK CARY I		81	Name					ı
	RICK, GARY J ST CROIX		82	Street Add	dress (P.O. Box Number is Not Accept	otable)			l
	COA BEACH FL 32931		83			a recording	<u></u>		ı
	JON DENOTITE DESCT		83						ı
,		•	. 84	City	The second second	FL	85 ' Zip'(Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named cor	poration submits this statement for th	e purpose of c	hanging its	registered	ļ
office or r agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	r Florida: Such change was aut ons of, Section 607.0505, Florid	norized by la Statutes	tne corporat s.	ion's board of directors: I hereby acc	ept the appoin	tment_as_re	jisterea	
SIGNATURE		*							
	Signature, typed or printed name of registered agent			nt signature requir	ed when reinstating)	DATE		DO 111.40	Ś
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO C	FFICERS AND	D DIRECTO	RS IN 12	7
TITLE	DP CARY I	☐ DEFEIE	1.1 TITLE 1.2 NAME		10 Q		□ oueride		3
NAME .	PATRICK, GARY J 161 N ATLANTIC AVE			TADORESS		•	4		5
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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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in than aged, or on an attachment with an address with all other like empowered.