PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012216

1. Corporation Name

AEGI PR	OPERHES,	INC.									
Principal Place	of Pusinoss		Mailing Address				! ! !!!!!!!! !! !! !	HERRI K er an Beren da	TIT ar tis fata t i	ISIN IIBIN IISNI	TEBLE BUIL LEBU
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1200 1111111111111111111111111111111111			1200 MAYPORT RD	ITLANTIC BCH FL 32233				•			
US US) DOI! (E 02200			DO NOT WRITE IN THIS SPACE				
00							3. Date Incorporat	ted or Qualifed			,
							02/05/1997				
2. Principal Place of Business 2a			2a Mailing Address	2a. Mailing Address			4. FEI Number			Ap	plied For
├ ┐ '			26				59-3423571			<u> </u>	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	
			27				Certificate of St.	atus Desired			equired
City & State			City & State				6. Election Campa	aion Einancino		\$5.00	May Be
— :			28				Trust Fund Con	-		—≔Added	
23 Zin		Country	Zip	Country	,		8. This corporation		rent year Int:		
Zip		Country		30	,		Personal Prope		ient year na	X Yes	□No
24	25	1 feldere e f Common	29	[30]			10. Name and Add		Registered .	 	
	9. Name and	d Address of Current	r Kedisreien Wäsiir	81	Name		10, Italia and Ad	<u> </u>	. togioto- re-		
KEIEI	ER, ORION P	PF			reamo						
	MAYPORT RE			82 Street Addre			s (P.O. Box Numbe	r is Not Accept	able)		l
	NTIC BCH FL			83							
,,,,,	WY 110 DOI: 1 L										
				84	City				FL	85 Zip	Code
11. Pursuant	to the provisions	of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abov	e-named	corpor	ation submits this st	atement for the	purpose of	changing its	registered
office or r	enistered agent	or both in the State of	of Florida. Such change was a	autnorized DV	the corp	oration	's board of directors	. I hereby acce	pt the appoi	ntment as re	egistered
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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 of the corporation of the corporation of the receiver of the corporation of the cor CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar. 30, 1999 (904) 249-1718

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90026 001 ***150.00