**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000039384 1. Corporation Name

MCALLIFE, INC.

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90150 030 \*\*\*150.00

MONOE	, , , , , , , , , , , , , , , , , , ,										
Principal Plac	e of Business	Mailing Ad	idress						176 15188	****   541	. 4421 (821
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WINTER SPIRNGS FL 32708 WINTER SPIRNGS FL 32708							DO NOT WEITE !!	TUIO (	ממאמר		
,							DO NOT WRITE IN	THIS	PACE		
							3. Date Incorporated or Qualifed				
		——————————————————————————————————————					05/02/1997		<del></del>	A 15	
2. Principal F	Place of Business	2a. Mailing	j Address				4. FEI Number		<u> </u>		ed For
21		26	<del></del>				59-3492452		<b>¢0.7</b>		pplicable
Suite, Apt.	, #, etc.	— — ·	Apt. #, etc.				5. Certificate of Status Desired		\$8.7	⊋ Add Regu	
22		27	<u> </u>								
City & Sta	te	City &	State				6. Election Campaign Financing			<b>)0</b> Ma ed to F	
23	Country	28		Count	to	<del></del>	Trust Fund Contribution			30 10 1	668
l Zip ├─┐	Country	Zip		_	пу		8. This corporation owes the current years of Persons Persons Tax		ngible 13 Yes	Γ	No
24	25	29		30			Personal Property Tax.  10. Name and Address of New Regis				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Cur	rent Registered A	gent		81	Name —	IU. Haine and Address of New Regis	eleu A	Agur		
MO	AULIFF, TODD			ľ	-	Harrie					
	PEREGRINE COURT			8	82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	ITER SPIRNGS FL 32708			Ļ	-						
44144	ITER SPIRIOS PE 32100			۶	83						
				8	B4	City			85 Z	ip Coo	de
							pration submits this statement for the purp	FL.	<u> </u>		
SIGNATURE	Signature, typed or printed name of registered				gent s	signature required		ATE			
12.	<del></del>	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	KS ANI	Chan		Addition
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NAME	MCAULIFF, TODD			1.2 NAM							
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

DIRECTOR