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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000047263

1. Corporation Name

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90097 018 ***150.00

AUNLIN	MAN & ASSOCIATES, INC.									
Principal Plac	ce of Business	Mailing Address				1 100011004 110 1014 10011 301	48 111 44 111 44 11	. 61611 188	· # 11 614	#14 8# (141 1 48)
8644 EAGLE R		8644 EAGLE RUN DR #	20							
BOCA RATON FL 33434 BOCA RATON FL 33434						DO NOT WRITE IN THIS SPACE				
						3. Date ncorporated or Quali		- O. AO		
						05/27/1997				
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number			Apr	olied For
21		26				65-0788093			Nci	Applicable
Suite, / pt.	#, etc.	Suite, Apt. #, etc.		_	-	5. Certificate of Status Desire	d .	•		dditional
22		27				3.		F	ee Re	quired
City & Sta	te	City & State				6. Election Campaign Financi	ng □			May Be
23	Country	Zip		ınt <i>r</i> y		Trust Fund Contribution				Fees
 , ·	25	29	30	ii itr y		8. This corporation owes the Personal Property Tax.	current year ir	ntangible Ye:		⊠ No
24	9. Name and Address of Currer		30	1		10. Name and Address of Ne	w Registered			24110
-		Biorai an Lillanir		81	Name	. J a				_
	(ERMAN, CHRIS			00	Street A	Irono (D.O. Bo , Niceboo in Not Ac-	ontoble'			_
	4 EAGLE RUN DR #20			82 Street Addr		dress (P.O. Box Number is Not Acc	eptable)			
BO0	CA RATON FL 33434			83		· · · · · · · · · · · · · · · · · · ·				
				84	0:1			lost	7:n. (
				84	City		FI	85	Zip C	oue
SIGNATURE 12.	Signature, typed or printed name of registered ager	and title if applicable. (NO	E: Registered	Agent s	signature recuir	ed when reinstating ADDITIONS/CHANGES TO	OFFICERS A	ND DIRI	ECTO	 RS IN 12
TITLE	D	☐ DELETE	1.1 Til	TLE						
NAME	ACKERMAN, CHRIS							☐ Ch	ange	☐ Addition
STREET ADDRESS	8644 EAGLE RUN DR #20		1.2 NA	ME					ange	Addition
CITY-ST-ZIP	,				DDRESS				ange	☐ Addition
	BOCA RATON FL 33434		13 ST					□ Ch		
TITLE	,	☐ DELETE	13 ST	REET A						☐ Addition
	,	☐ DELETE	13 ST 1.4 Cr 2.1 Tr 2.2 NA	TREET A TY-ST-2 TLE VME	ZIP			□ Ch		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		1 3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF	TY-ST-, TLE TME TREET A	ZIP			□ Ch	ange	Addition
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TITLE NAME STREET ADDRI SS CITY-ST-ZIP	,	DELETE DELETE	13 ST 1.4 CP 2.1 TII 2.2 NA 2.3 ST 2.4 CR 3.1 TR 3.2 NA 3.3 ST 3.4. CR 4.1 TR 4.2 NA 4.3 ST 4.4 CR 5.1 TR 52 NA 5.3 ST 54 CR	REET A TY-ST-, TLE MME REET A TTY-ST-, TLE MME REET A TY-ST-, TLE MME REET A TY-ST-, TLE MME REET A TY-ST-, TLE	ZIP DORESS ZIP DORESS ZIP DORESS ZIP			Ch	ange ange	Addition Addition Addition
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14. Thereby 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 option of all or each; effect to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 - 470- 8078