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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PO700049858

1. Corporation ALLAN'S		049030					
Principal Place	of Business	Mailing Address		<u></u>		(111 D)U)B (U)U1 (Q(U)	
325 E BURLEIGH BLVD TAVARES FL 32778 US		325 E BURLEIGH BLVD TAVARES FL 32778 US			DO NOT WRITE IN TI	HIS SPACE	
					06/05/1997		}
2. Principal P	ace of Business	2a, Mailing Address		<u> </u>	4. FEI Number 59-3461183	<u> </u>	olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			5. Octations of Clause Section	Fee Rec	
City & State	•	City & State			6. Election Campaign Financing	\$5.00 l	
23		28	Countr		Trust Fund Contribution	Added to	rees
Zip	Country	Zîp	30	у	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Current		30		10. Name and Address of New Register		
	3. Harris and Paul Cas at Service.		8	1 Name			
HAUSS, MICHAEL R				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
103 6TH AVE			"	2 Olicol / loci	ress (t.:e. Box resinor is not receptable)		
HOWEY-IN-THE-HILLS FL 34737				3			
			8	4 City		85 Zip C	ode
				'		EL 83 24 3	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligat	nt Florida. Such change was au	tnonzea b	v tne corborau	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Ag	ent signature require	ed when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	HAUSS, MICHAEL T		1.2 NAME				
STREET ADDRESS	103 6TH AVE		1.3 STRE	ET ADDRESS			Į.
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737		1,4 CITY-	ST-ZIP			
TITLÉ	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	HAUSS, SHERRY E		2.2 NAME				
STREET ADDRESS	103 6TH AVE		1	ET ADDRESS			_
CITY-ST-ZIF	HOWEY-IN-THE-HILLS FL-3473		2:4 CITY			Change	Addition
TITLE	`•	☐ DELETE	3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE			Change	Addition
TITLE			4.1 III.E			_ ,	
NAME				ET ADDRESS			Į
STREET ADDRESS			4.4 CITY-	ļ.			Į.
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	:		☐ Change	Addition

CITY-ST-ZIP 14. 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS