FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1912 OAKWOOD AVENUE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90078 046 ***150.00

813)248-4642

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700050555

Corporation Name

Principal Place of Business

1912 OAKWOOD AVENUE

STREET ADDRESS

SIGNATURE:

A & E REPAIR & MFG., INC.

TAMPA FL 3360	5	TAMPA FL 33605		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 06/09/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	\Box	Applied For	
21)		26			59-3454353		Not Applicable	
Suite, Apt. i	#, etc	Suite, Apt. #; etc.			5. Certificate of Status Desired		5 Additional Required	
22		27						
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be do Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year Inta	ıngible		
24	25	29 30].		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	Agent		
			81	Name			1	
	TT, ESTHER J			Street Add	ddress (P.O. Box Number is Not Acceptable)			
	OAKWOOD AVENUE		82					
TAM	PA FL 33605		83				}	
			84	City	FL	85 Zi	ip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	if Florida. Such change was autho	onzea by	tne corporati	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	changing itment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Rec	nistered Anel	nt signature require	ed when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Chang	e Addition	
NAME	SCOTT, ALFRED H		1.2 NAME	Ì.	,			
STREET ADDRESS	1912 OAKWOOD AVENUE		1.3 STREE	TADDRESS			j	
CITY-ST-ZIP	TAMPA FL 33605		1.4 CITY-S	17-ZIP				
TITLE			2.1 TITLE			☐ Chang	ge	
NAME	SCOTT-SOLOMON, EDITH		2.2 NAME					
STREET ADDRESS	6416 ALAMEDA COURT		.2.3 STREE	TADDRESS	- · ·	-		
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE	_ [Chang	ge 🗌 Addition	
NAME	SCOTT, ESTHER J		3.2 NAME				ļ	
STREET ADDRESS	1912 OAKWOOD AVENUE		3.3 STREE	TADDRESS				
CITY-ST-ZIP	TAMPA FL 33605		3.4. CITY-5	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge	
NAME			4.2 NAME	}			J	
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		- Chris	ao D Adelion	
TITLE		☐ DÉLETE	5.1 TITLE			Chang	ge	
NAME			5.2 NAME				{	
STREET ADDRESS		!		TADDRESS			-	
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	ST-ZIP		☐ Chang	ge Addition	
TITLE		☐ DELETE		J		- Naud	to Ct Vacanou	
NAME			6.2 NAME	[ſ	

6.3 STREET ADDRESS

6.4 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.