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

PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # 00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90035 009 ***150.00

1. Corporation Name	
Sisters Alline,	

·	3151875 111110, _v							 			
51 11 51											
Principal Plac	_	Mailing .		71 -		- n-	-				4.0 ·4.00 mm /00/
2425	Thomas Dr.		2425				~				
Ponoma	City Beach, Fl.		Panama L	Sity	13.	eachi	F/.	DO NOT WRITE IN	THIS SF	ACE	
	32408			,	3.	2408	l	3. Date Incorporated or Qualifed			
								09/19/1997			
2. Principal P	lace of Business	2a. Mail	ng Address					4. FEI Number		\Box	Applied For
21		26					į	59-34816-29		⊢	Not Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.			··········		_	-		5 Additional
22	· ·	27		,			1	5. Certificate of Status Desired			Required
City & Stat	te	City	& State					6. Election Campaign Financing		\$5.0	O May Be
23		28						Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	-	Cour	ılry		Ì	8. This corporation owes the current ye	ar Intanç	jible	
24	25	29		[0]				Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered	Agent					10. Name and Address of New Regist	ered Ag	ent	
Jen	ean Lee				81	Name					
1	Hidden Island Dr			ŀ	82	Street Ad	ddres	ss (P.O. Box Number is Not Acceptable)			
			6								
Pana	ma City Beach,	F1 32	400	- 1	83						
	,,			-	84	City				85 Zi	p Code
				1	Ţ	-			rl I	1	
11. Pursuant	to the provisions of Sections 607.0502	and 607.15	08, Florida Statutes	the ab	ove	named co	orpora	ation submits this statement for the purpor's board of directors. I heraby accept the	se of cha	anging i	its registered
agent. I a	m familiar with, and accept the obligati	ons of, Sect	on 607.0505, Floric	sa Statu	tes.	use corpora	auur i	as opera or directors, I hereby accept the	ipponium	CHIL GS	registered
SIGNATURE	Tenean Le	e P	res.					then reinstriction DA	- 9	9	
	Signature, typed or printed name of registered agent				yent	mgnature requ	ulmed wi				
12.	OFFICERS AND	DIRECTOR		13.				ADDITIONS/CHANGES TO OFFICER			
TITLE	President-Treasurer		☐ DELETE	1.1 TM	£	1		•	L.	Change	e 🗌 Addition
NAME	denean Lee			12 NA	Æ	1					
STREET ADDRESS	315 Hidden Island Dr			13578	EET/	ADDRESS					
CITY-ST-ZIP	Panama City Beach F			1,4 CIT	Y-57-	-ZIP					
TRE	Vice-President-Secr	•	☐ DELETE	21 1111	£					Change	e 🔲 Additior
NAME	Nancy Neureuther	-		2.2 NA	Æ						
STREET ADDRESS	315 Hidden Island	Dr.		23 STR	EET/	ADDRESS					
CITY-ST-ZIP	Panama City Beach	F1. 32	408	2.4 CIT	Y-51	r-ZIP					
i~m3e ~ · ·		. •	. DELETE	3.1 THU	Æ] Chang	e Addition
NAME				3.2 NAA	Æ	ł					
STREET PORTESS				3.3 STR	EET /	ADDRESS					
CITY-ST-ZIP			200	3.4. CIT	Y-ST	-ZP					
TILE			☐ DELETE	4.1 TITL	E			•] Chang	e Addition
NAME				4. 2 NA	ME						
STREET ADORESS				4.3 STR	EET/	ADDRESS					
CITY-ST-ZIP				4.4 CIT	Y-ST-	-ZP					
TITLE			☐ DELETE	5.1 TITL		-] Change	e Addition
NAME			;	5.2 NAN	Æ						
STREET ADDRESS				5.3 STR	EET/	ADDRESS					
CITY-ST-ZIP				5.4 CIT		-ZDP					
TITLE			☐ DELETE	6.1 TITL	E				C] Chang	e 🔲 Addition
NAME				62 NAM	Æ						
STREET ADDRESS				6.3 STR	ŒT#	ADDRESS					
OFFI OF 75	!			64000	r.st.	.710					

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 ennual 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.

Mancy Rewrenther V. P.