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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104630

1. Corporation Name

AMERICAN HOME ALLIANCE PARTNERS OF CENTRAL FLORI DA. INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90253 029 ***150.00



							} I +BBI+BBI +IO 18131 18011 80114 00111 08101 11011 00114 01410 01410 01410 0011 1401
Principal Place of Business Mailing Address							İ
18860 U.S. 19 NORTH SUITE 125 CLEARWATER FL 33764			18880 U.S. 19 NORTH SUITE 125 CLEARWATER FL 33764				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 12/12/1997
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number Applied For
21		26					59-3486249 Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		_		5. Certificate of Status Desired -Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cor	intry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
	9. Name and Address of Curren	t Regist	tered Agent		<u> </u>		10. Name and Address of New Registered Agent
					81	Name	
NOLAN, JOSEPH J					82 Street Add		ess (P.O. Box Number is Not Acceptable)
1666 WILLIAMSBURG SQUARE LAKELAND FL 33803					83		
D4.	LEAND TE GOOD				03		
					84	City	FL 85 Zip Code
office of re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	la. Such change was a	uthorized	ı bv	the corporation	pration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	4 d Aible 14	face Cooking (NOTE	- Pagistara	Agen	nt signature required a	when reinstating) DATE
12.	OFFICERS AN			13.	Aydi	it signature required i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	0 01.12	DELETE	1.1 11	TLE.		☐ Change ☐ Addition
NAME	NEILL, DON F			1.2 N	AME		
STREET ADDRESS	18860 U.S. 19 NORTH SUITE	125		135	REET	ADDRESS	
	CLEARWATER FL 33764	120		1	TY-S	Ì	
CITY-ST-ZIP	D		☐ DELETE	2.1 1		1 20	☐ Change ☐ Addition
NAME	LAMONTAGNE, DAVID P			2.2 N		-	
STREET ADDRESS	18860 U.S. 19 NORTH SUITE	125				T ADDRESS	
OF EADMATED EL 00704 - November 19 19 19 19						IT-ZIP	والمراز المراز المنهيني بهيون والمراز المراز الرازي والمال والمراز
TITLE	OLLANDING TE GOTOT		☐ DELETE	3.1 TI		.,	☐ Change ☐ Addition
NAME .				3.2 N			
STREET ADDRESS						TADORESS	
•						ST-ZIP	•
CITY-ST-ZIP			☐ DELETE	4.1 (☐ Change ☐ Addition
NAME	*			4.2 h			
1						raddress	
STREET ADDRESS				- 1		T-ZIP	
CITY-ST-ZIP TITLE			☐ DELETE	5,1 TI			Change Addition
				5.2 N			
NAME						ADDRESS	
STREET ADDRESS						T-ZIP	
CITY-ST-ZIP			☐ DELETE	6.1 TI		1 - edf	Change Addition
TITLE				6.2 N			
NAME						T ADDDERS	
CADCEL VIUDESC				0.35	IKEE	TADDRESS	

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 persoddress with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP