

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

0415390

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90092 001 ***150.00

DOCUMENT # **P98000029273**

1. Corporation Name
ALAN'S GEARWORKS, INC.

Principal Place of Business
**29870 U.S. HWY 19 NORTH
BUILDING E
CLEARWATER FL 33761**

Mailing Address
**29870 U.S. HWY 19 NORTH
BUILDING E
CLEARWATER FL 33761**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/27/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3511469	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

**BRAND, ALAN C
2300 CONGRESS AVE
CLEARWATER FL 33763**

10. Name and Address of New Registered Agent

81 Name **Alan C. Brand (same)**
82 Street Address (P.O. Box Number is Not Acceptable) **New address:**
83 **1731 Hickory Gate Drive North**
84 City **Dunedin** FL 85 Zip Code **34698**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Alan C. Brand* **Alan C. Brand-President** February 22, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAND, ALAN C	1.2 NAME	
STREET ADDRESS	1731 HICKORY GATE DR N	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAND, DIANE D	2.2 NAME	
STREET ADDRESS	1731 HICKORY GATE DR N	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Alan C. Brand* **Alan C. Brand**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 22, 1999 (727)784-

Date

Daytime Phone #

0452

CR2E034 (11/98)