PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000033003

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

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AAFLIOTI'	INC.							
Principal Place	of Business	Mailing Address			- E SMEDITER ILE FEIGE INNE GEEN DE LA	 	AM 21433 MA311 A	10100 1411 1001
ł ·	DER ST STE 104	Mailing Address 1701 S ALEXANDER ST STE 104 PLANT CITY FL 33567 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1998 4. FEI Number 82-9-1-6 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required: City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
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	ace of Business	<u> </u>			1829416	0		
21					00-11.	_		
Suite, Apt. 1	F, 91C.	⊢ 1			5. Certificate of Status Desired			
City & State					s Flection Campaign Financing	_	\$5.00	May Be
23	•	⊢ '				ט		
Zip	Country	Zip	Country			nt year intan	gible	
24	25		30		Personal Property Tax.		Yes	ZNo
	9. Name and Address of Current	Registered Agent		•	10. Name and Address of New Re	gistered Ag	ent	
001	OVER MARY C		81	Name	•			
	OVER, MARY S S ALEXANDER ST STE 104		Status Desired Stat					
-	NT CITY FL 33567		83				<u>_</u>	-
1								
			84	City	,	FL	85 Zip C	ode
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligati	? and 607.1508, Florida Statutes of Florida. Such change was aut ions of, Section 607.0505, Florid	s, the above- thorized by th da Statutes.	named corpo ne corporation	oration submits this statement for the p n's board of directors. I hereby accept	the appoint	nent as reg	pistered .
L	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent a	ignature required	When reinstating)	DATE		ة ــــــــــــــــــــــــــــــــــــ
<u> </u>	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent a	igneture required	when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND		RS IN 12
12.	OFFICERS AND			ignature required		CERS AND	DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	13.	ignature required		CERS AND		RS IN 12
12.	OFFICERS AND	D DIRECTORS	13. 1.1 TITLE			CERS AND		RS IN 12
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12. TITLE NAME STREET ADDRESS	D CONOVER, MARY S 1701 S ALEXANDER ST STE 10	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	DORESS		ICERS AND		RS IN 12 Addition Addition
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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 cath; 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: MACY STORY FRONTED NAME OF BIGNING