## 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

## FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90005 022 \*\*\*150.00

DOCU	MENT # P98000	048538			02-19-1999 90003 022	150.00	•
<ol> <li>Corporation</li> </ol>	Name	0.0000			}		
IALLIEU	ENTERPRISES, INC.	*					
Principal Place	of Business	Mailing Address			. L SMOTSMAS SIM (MIMS SALIT DAVIC DAVIS ABIS) DASII	4(0) (0)8# E()04	fill@1 likit 4EB1
3031A PLACIDA RD. 3031A PLACIDA RD.					į		
GROVE CITY FL 34224 GROVE CITY FL 34224					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/28/1998		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Арг	olied For
21 26					65-0656595		Applicable
Suite, Apt.					5. Certificate of Status Desired	<b>\$8.75</b> A ~Fée Re	
City & State	State City & State				6. Election Campaign Financing	\$5.00	
23	28				Trust Fund Contribution	Added to	
Zíp	Country				8. This corporation owes the current year In		
24	25	25 29 30			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81	T No.	10. Name and Address of New Registered	Agent	
17 <i>7</i> 0	, JOHN P		61	Name			
180 NO. INDIANA AVE, STE.5			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		}
l	LEWOOD FL 34223-2959		83	<del> </del>			
				ļ. <u></u>		85 Zip C	\
			84	City	FL	85 Zip C	one
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named co	rporation submits this statement for the purpose of	f changing its	registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	norized by la Statutes	tne corpora	tion's board of directors. I hereby accept the appo	altiliciit as lež	gisterou
SIGNATURE							}
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register OFFICERS AND DIRECTORS  13			nt signature requ	and when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	PT OFFICERS AN	□ DELETE	1.1 TITLE		ADDITIONS OF A STATE O	☐ Change	Addition
NAME	TALLIEU, DIDIER	_	1.2 NAME	ţ			ţ
STREET ADDRESS	3383 RAIN LILLY LANE		1.3 STREE	TADDRESS	•		{
CITY-ST-ZIP	ENGLEWOOD FL 34224		1.4 CITY- S	T-ZIP			
TITLE	VPS	☐ DELETE	2.1 TITLE	}		Change	Addition
NAME	TALLIEU, MARTA		2.2 NAME	1			}
STREET ADDRESS	3383 RAIN LILLY LANE		1	TADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL 34224	☐ DELETE	2. 4 CITY-3 3.1 TITLE	ST-ZIP		[7] Change	Addition
TITLE		- DCLLIC	3.2 NAME	)			
NAME STREET ADDRESS				T ADDRESS			{
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4, 2 NAME	ł			}
STREET ADDRESS			4,3 STREE	T ADDRESS			-
CITY-ST-ZIP			4.4 CITY-S	IT-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	}			
NAME			1	T ADDRESS	•		}
STREET ADDRESS			5.4 CITY-S	)			}
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
_			6.2 NAME	}			ļ
··==   ADDRESS			6.3 STREE	T ADDRESS		,	}
			6.4 CITY-S	T-ZIP			-

i.4. Thereby 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 of trueleged 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 appears in the corporation of th

SIGNATURE:

SIGNATURE AND TYPED OR