Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90013 047 ***150.00

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 # P98000052000

1. Corporation Name

AFFORD	ABLE SCREENING & ALUN	IINUM RE	PAIRS, INC.				
Principal Place of Business Mailing Address							
1070 EMERALD RDS.E. 1070 EMERALD RDS.E. PALM BAY FL 32909 PALM BAY FL 32909							
TALWIDAT TE	02300	1712	The decou				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 06/08/1998
2. Principal Pl	lace of Business	2a. Maili	ng Address				4. FEI Number Applied For
21		26					59 - 35 14070 Not Applicat
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27					ree Required
City & State	e 	City	& State				6Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip	Country	Zip		Count	try		This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered	Agent		31	Name	10. Name and Address of New Registered Agent
OAT	es, greg				•	Name	
1070 EMERALD RD.,S.E.				1	32	Street Addre	ess (P.O. Box Number is Not Acceptable)
	M BAY FL 32909				33		
				Ľ			
				8	84	City	FL 85 Zip Code
office or re agent. I as SIGNATURE	to the provisions of sections out of the State egistered agent, or both, in the State m familiar with, and accept the obligations of the state of th	of Florida. Su tions of, Sect	ich change was au ion 607.0505, Flor	ithorized t ida Statut	by t es.	the corporation	pration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered when reinstating) DATE
12.	OFFICERS AN	ID DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1,1 TITL	E		☐ Change ☐ Add
NAME	OATES, GREG			1.2 NAM	E		
STREET ADDRESS	1070 EMERALD RD.,S.E.			1.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909			1.4 CITY	-ST	- ZIP	(Table
TITLE			☐ DEFELE	2.1 TITL	E		☐ Change ☐ Addi
NAME				2.2 NAM			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			□ pc: ETE	2 4 CIT		T-ZIP	☐ Change ☐ Add
TITLE			☐ DELETE	3.1 TITL			
NAME				3.2 NAM		ADDRESS	
STREET ADDRESS							
CITY-ST-ZIP TITLE			DELETE	3.4, CIT) 4.1 TITU		1-UF	Change Addi
NAME				4. 2 NAN			<u> </u>
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				4.4 CITY			
TITLE			☐ DELETE	5.1 TITL			Change Addi
NAME				5.2 NAM	ΙE		
STREET ADDRESS				5.3 STRI	EET.	ADDRESS	
				5.4 CITY	's ST	-7IP	

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

1-31-99

(407) 960-1444

Change

Addition

:R2E034 (11/98)