Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90066 045 \*\*\*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 # P98000054614

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAMÉ

	ASTERN LUGIC DESIGN, IN							
Principal Place	e of Business	М	ailing Address					
24 CINDERELLA LANE FORT WALTON BEACH FL 32547  24 CINDERELLA LANE FORT WALTON BEACH FL				32547		DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed 06/16/1998		
	lace of Business	2a	. Mailing Address			4.: FEI Number	<u></u>	lied For
21		26		-	•	59-3519252 -		Applicable_
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
City & State	e	1	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country		Zip	Cour	ntry	8. This corporation owes the current year Int		
24	<b>25</b>	29	30	0		Personal Property Tax.	Yes	□No
·	9. Name and Address of Current	Regis	stered Agent			10. Name and Address of New Registered	Agent	
VALLE	OUNI OTANI W				81 Name			-
	GHN, STAN W			ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	INDERELLA LANE			Į				
FURI	T WALTON BEACH FL 32547				83	•		
			a referr	•	84 City		85 Zip C	ode s
					.   . ,		•   1	, , ,,,,,
11. Pursuant t	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statutes,	, the ab	ove-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its r	egistered istered
office or re	egistered agent, or both, in the State o				DA RIG COLDOLUR			
agent. I ar	m familiar with, and accept the obligati	ions of	Section 607.0505, Florida	la Statu	tes civ		ود، بعد المساورة الم المساورة المساورة ال	
SIGNATURE	m familiar with, and accept the obligati	ons of	Section 607.0505, Florida	a Statu	tes. SV	TOTAL STATE CAN SE		
SIGNATURE	m familiar with, and accept the obligati	ons of	if applicable. (NOTE: Re	a Statu	SV	TOTAL STATE CAN SE	ND DIRECTOR	
SIGNATURE	m familiar with, and accept the obligation of the state o	ons of	if applicable. (NOTE: Re	a Statu agistered	Agent signature require	ed when reinstating) DATE 2		
SIGNATURE	m familiar with, and accept the obligation of th	ons of	# applicable. (NOTE: R	gistered 13.	Agent signature requin	ed when reinstating) DATE 2	ND DIRECTOR	
SIGNATURE  12.  TITLE	of FleErs AND	ons of	if applicable. (NOTE: R	13. 1.1 TITI 1.2 NA	Agent signature requin	ed when reinstating) DATE 2	ND DIRECTOR	
SIGNATURE  12. TITLE NAME STREET ADDRESS	of placeture, typed or stringed hards or registered about 1 ab	and title	# applicable. (NOTE: R	13. 1.1 TITI 1.2 NAI 1.3 STI	Agent signature requin	ed when reinstating) DATE 2	ND DIRECTOR	
SIGNATURE  12.  TITLE  NAME	Signature, typed or strings hards or so stood agent of the Company	and title	# applicable. (NOTE: R	13. 1.1 TITI 1.2 NAI 1.3 STI	LE ME REET ADDRESS Y-ST-ZIP	ed when reinstating) DATE 2	ND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or strings hards or so stood agent of the Company	and title	if applicable. (NOTE: R	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT	LE ME REET ADDRESS Y-ST-ZIP	ed when reinstating) DATE 2	ND DIRECTOR Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or strings hards or so stood agent of the Company	and title	if applicable. (NOTE: R	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI	LE ME REET ADDRESS Y-ST-ZIP	ed when reinstating) DATE 2	ND DIRECTOR Change	RS IN 12
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

DELETE

☐ Change

☐ Addition