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 # **P98000089355**1. Corporation Name

P AND S ALF, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90087 028 ***150.00



	•								
Principal Plac	e of Business	Mailing Address	. =			7 100/100/110 10/0/10/1/10 00/1/10	,,, 98 ,,, 20,0 ,	18111 68181 41181	, 4) (8) (8) (1) (8)
5820 GLEN EAGLE LANE 5820 GLEN EAGLE LANE									
VERO BEACH FL 32967 VERO BEACH FL			2967			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	IE IN THIS	SPACE	
						10/20/1998		·	
2. Principal F	Place of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		<u> </u>	plied For
21		26	26			59-3538194			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' '			5. Certifcate of Status Desired		\$8.75 A	
City & Stat	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	intry		8, This corporation owes the curr	ent year Int		
24	25 29		30	30		Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Curre	nt Registered Agent	_	1		10. Name and Address of New F	tegistered .	Agent	
140.0	TEICID CTACEV			81	Name				
	TFIELD, STACEY O GLEN EAGLE LANE		82 Street Ad		Street Addre	ss (P.O. Box Number is Not Accepta	iple)		
VER	O BEACH FL 32967			83					
				84 (City			85 Zip (Code
					•		FL	.	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	oy the	e corporation	n's board of directors. I hereby accep	at the appoin	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE	: Registered	Agent si	gnature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TI	īLE .				Change	☐ Addition
NAME	WHITFIELD, STACEY		1.2 N	AME					j
STREET ADDRESS	5820 GLEN EAGLE LANE		1.3 ST	REETAD	DORESS				Į.
CITY-ST-ZIP	VERO BEACH FL 32967		1.4 CI	TY-ST-Z	JP				
TITLE	D	☐ DELETE	2.1 TI	TLE:				Change	☐ Addition
NAME	WHITFIELD, PAUL		2.2 N	AME					
STREET ADDRESS	FOOD OF THE PAOLE LAND		2.3 \$7	REET AL	DORESS				}
CITY-\$T-ZIP	VERO BEACH FL 32967		2.4 C		ZIP				
TITLE		☐ DELETE	E 3.1 TITLE					Change	☐ Addition
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 \$1	TREET AC	ODRESS				}
CITY-ST-ZIP			3.4. C	ITY-ST-Z	ZIP				
TITLE		☐ DELETE	4.1 TF	TLE				Change	☐ Addition
NAME	•		4.2 N	AME	1				
STREET ADDRESS			4.3 \$1	TREET AC	DDRESS				
CITY-ST-ZIP		<u>,</u>	4.4 C1	TY-ST-Z	3P				
TITLE		☐ DELETE	5.1 TI	TLE				Change	☐ Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5.3 \$1	TREET AC	ODRESS				
CITY-ST-ZIP				TY-ST-Z	DP 90				
TITLE	-	☐ DELETE	6.1 TI		1			Change	☐ Addition
NAME			6.2 N/	ME	ļ				
STREET ADDRESS			6.3 \$7	TREET AD	OORESS				
CITY OF 710			6.4 CI	TY-ST-Z	7P	•			

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:

561-569-435-3