## 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 # P98000092395 1. Corporation Name

ALLEN'S PROJECT MANAGEMENT, INC.

								•								
. Рг	incipal Place	of Business			ng Address											
5969 DEERFIELD PLACE LAKE WORTH FL 33463					5959 DEERFIELD PLACE LAKE WORTH FL 33463						DO NO	T WRI	TE IN THI	S SPACE		
									-	3. [	Date Incorporated or Qu					
											10/29/1998					
2	Principal Pl	ace of Business		, 2a. N	Mailing Address						FEI Number				Applie	d For
21	¬ '			<b>⊢</b>	26					غما	5-087590	4			Not A	pplicab
21	Suite, Apt. #, etc.				Suite, Apt. #, etc.									\$8.75	Add	itional
22	1			27						5. (	Certifcate of Status Des	ired		Fee	Requi	red
22	City & State	·			City & State	·····				6. f	Election Campaign Fina	ncing		\$5.0	0 ма	v Be
23		•		28	•				- [		Trust Fund Contribution				d to F	
	Zip		Country		(ip	Cou	intry			8.	This corporation owes the	ne curr	ent year li	ntangible		
24		25	]	29		30					Personal Property Tax.			<b>▼</b> Yes		No
<del></del>			d Address of Curi	rent Registe	t Registered Agent					10.	Name and Address of	New F	Registere	d Agent		
allen, lorraine l								Ctrant	Addroso	/D /	O. Box Number is Not A	ccents	able)			
	5959	DEERFIELD I	PLACE		82 Street Addr					(F.)	O. BOX Number is NOT A	rccepie	able)			
)	LAKE	WORTH FL	33463				83	· · · · ·			·					
							84							11 -		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t								City	_				F	L	p Coo	
11	office or re	trene beretaine	or both in the Sta	ite of Florida	.1508, Florida Statu . Such change was section 607.0505, Fl	authorize	עם נס	the corpo	corpora oration's	tion boa	submits this statement ard of directors. I hereby	for the / acce <b>r</b>	purpose o ot the appo	of changing pintment as	regisi	gistered lered
l s	IGNATURE															
L		Old man of the part of the par					Registered Agent signature required					TO 05	DATE	ND DIDEC	TORK	N 142
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NAME								2.2 NAME			, E. Allen	34				
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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 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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**FILED** Jun 25, 1999 8:00 am

Secretary of State

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