## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARIMENTOF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000092562

1. Corporation Name

EVE & ALAN, INC.

Principal Place of Business

59 EAST PALMETTO PARK RD **BOCA RATON FL 33432** 

Mailing Address

59 EAST PALMETTO PARK RD **BOCA RATON FL 33432** 

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90025 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

				001011111111	
				3. Date Incorporated or Qualifed 10/29/1998	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		65-0845197	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
	<i>m</i> , 0.00.	27		5. Certifcate of Status Desired	Fee Required
22     27				6. Election Campaign Financing	\$5.00 May Be
·	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	
24	25	29 30		Personal Property Tax.	☐ Yes XNo
24	9. Name and Address of Currer		<u> </u>	10. Name and Address of New Registered	
	5. Name and Addition of Control		81 Name	1/42/22	
GIRNUN, MORRIS A					<del></del>
59 EAST PALMETTO PARK RD			82 Street	Address (P.O. Box Number is Not Acceptable)	Parto
	A RATON FL 33432		83	S9 EASI 4011111CT 10	ranio
			03		
•			84 City 1		85 Zip Code
4				300A ROTON FL	
*11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above-named	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoin	changing its registered
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes.	branch of books of chibotol of the book and the branch of	•
SIGNATURE	V X////07/	>		Partired when reinstation)  DATE	3
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agent signature r	edulos witch tomassing,	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE	P S	☐ Change Addition
NAME	MERCEDES, YVELISE		1.2 NAME		!
STREET ADDRESS	59 EAST PALMETTO PARK RD	)	1.3 STREET ADDRESS		
C/TY-ST-Z/P	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		
TITLE	O	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MACHADO, ALAN	/ -	2.2 NAME		
STREET ADDRESS	59 EAST PALMETTO PARK RD	1	2 3 STREET ADDRESS		
1	BOCA RATON FL 33432	•			
CITY-ST-ZIP	DOOR INTOIT IE 30432	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	TVP	Change Addition
TITLE			3.1 INDE		
NAME				HINGEIRA DUCUSTA	ر المسارية
STREET ADDRESS			3.3 STREET ADDRESS	sq East Palmetto toll	\$10
CITY-ST-ZIP		(7) DELETE	3.4. CITY-ST-ZIP	Ancelica Dacosta sa East Palmetto Fort exa Raton, FL 3343	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		□ cisange □ Modition
NAME		,	4. 2 NAME		
STREET ADDRESS		1	4.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CINELI ADDRESO			64 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 finual 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 power 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 or per analysis and the same legal effect as if made under oath; that I am an officer or director of the corporation or the power 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 or per analysis of the corporation of the corporat

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #