Apr 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V57742**

1. Corporation Name

ALDNEU	HT OF PASCO, INC.									7; 1; 1 (10; 10; 10; 10; 10; 10; 10; 10; 10; 10;
Principal Place	e of Business	Mailing Address	-				f (881) Biranı dikil füğli (881)	Billia lian acan a	18() BIBII #18()	Aldre minit ska:
1407 GULF TO BAY BLVD 4233 PERRY PL										
CLEARWATER FL 33755 NEW PORT RICHEY FL 346			52-151				DO NOT W	OITE IN THIS	SDACE	
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
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		G. Birilian Buldenge					8/17/1992 El Number		Τ Δ,	pplied For
2. Principal Pl	lace of Business	2a. Mailing Address					9-3138267		<u> </u>	ot Applicable
21	44 -4-	Suite, Apt. #, etc.				1 3	3 130201	 		Additional
Suite, Apt.	#, etc.	——————————————————————————————————————				5. C	ertifcate of Status Desired		•	equired
City & State		City & State				1	lection Campaign Financing	·		May Be
		28	= · ·				rust Fund Contribution	* · 🗆		to Fees
23 Zip	Country	Zip	Cour	ntry			his corporation owes the cu	rrent vear int		
24	25	29	30	,		1	ersonal Property Tax.		Yes	□No
24;	9. Name and Address of Currer		1				ame and Address of New	Registered	Agent	
				81 1	Name					
	recht, joyce		-	82 5	Stroot Addro	oss (P.O	. Box Number is Not Accep	ntable)		
4233	B PERRY PLACE			02	oueer Adore	ess (F.O	. DOX MUNIDER IS NOT ACCE	nable)		
NEW	V PORT RICHEY FL 34652			83						
									Tee 7:-	0-4-
			•	84 (City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the at	 oove-n	amed corpo	oration s	ubmits this statement for th	e purpose of	changing its	s registered
office or r	paistered eacht or both in the State	of Florida. Such change was a	uthorized	by the	 corporation 	n's boar	d of directors. I hereby acc	ept the appoi	ntment as re	egistered
agent. i a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	nda Statu	ites.						ļ
agent. i a SIGNATURE		ations of, Section 607,0505, Fig.	noa Statt	nes.						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	nes.	gnature required	d when reins	stating)	DATE	ID DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607,0505, Fig.	noa Statt	Agent sig		d when reins		DATE	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS Af	antions of, Section 607,0505, Flo	: Registered	Agent sig		d when reins	stating)	DATE		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP