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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J76552 1. Corporation Name

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90060 050 ***150.00

A1A CONCEPTS, INC.					· ·				
Principal Place of Business	Mail	ling Address					•		•
1941 MICHIGAN AVE. COCOA FL 32922 1941 MICHIGAN AVE. COCOA FL 32922						DO NOT WE	RITE IN THIS	SPACE	
U\$	US					3. Date Incorporated or Qualifer 06/05/1987	d V		
2. Principal Place of Business	2a.	Mailing Address				4. FEI Number			oplied For
21	26	·				59-2816075			ot Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	· 🗆		Additional equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
	28	,				Trust Fund Contribution	<u>'</u>		to Fees
Zip Country		Zip	Cou	ntry	-	8. This corporation owes the cu	rrent year Int	angible □ Yes	□No
24 25	29		30			Personal Property Tax. 10. Name and Address of New	Pagistared		
9. Name and Address	of Current Registe	ered Agent		81	Name	10. Name and Address of New	Registered	Agent	
HOUNG DEGIG A	the A.							1700	
JOHNS, REGIS A. 1941 MICHIGAN AVE.			į	82	Street Addre	ess (P.O. Box Number is Not Accep	otable) .		TOTAL CONTRACT
COCOA FL 32922				83					
· .	. :			84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Section					ne corporatio	on's board of directors. I hereby acc	ept the appoi	intment as re	egistered
office or registered agent, or both, in 33 agent. I am familiar with, and accept	the obligations of,	Secuon 607.0000, 1 11	onda otati	J.C.J.			DATE		·
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I hereby certify that the information supplied with this filing days not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I number certify that the information indicated on this annual report of 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: