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 # 612318

1. Corpora ion Name

ALASUN	5 COMPORT STSTEMS, INC	•					
Principal Plac	e of Business	Mailing Address				1: B:E:: 919:: 0:E:: 0:	1011 01011 1001
2575 EDISON AVE. JACKSONVIL'.E FL 32204		2575 EDISON AVE. JACKSONVILLE FL 32204					
					DO NOT WRITE IN TI	IS SPACE	
					3. Date Ir corporated or Qualifed 03/01/1979		_
2. Principa P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-1887090	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & S at	to .	City & State			6. Electio 1 Campaign Financing	\$5.00	Mòu Bo
¬ ˙		28			Trust Fund Contribution	Added t	•
23 Zip	Country	Zip	Country		8. This or rporation owes the current year	ntangible	
24	25	29	30		Personal Property Tax.		[]No
	9. Name and Address of Current				10. Name and Address of New Register	ed Agent	
			81	Name			
	BAUGH, ALFRED A		82	Street	Ac dress (P.O. Box Number is Not Acceptable)		
	IOPSON RD			_			
JACI	KSONVILLE FL 32250		83				
			84	City		85 Zip C	2 ode
office cri agent. I a SIGNATURE	registered agent, or both, in the State cam familiar with, and accept the obligate	ons of, Section 607.0505, Fl	rida Statutes		oration's board of directors. I hereby accept the ap		
12.	OFFICERS ANI		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE	•		☐ Change	Addition
NAME	BLUBAUGH, ALFRED A		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	JAX, FL 00000		14 CITY-ST	-ZIP			
TITLE	VP	DELETE	2.1 TITLE		V.P	Change	Addition
NAME	BLUBAUGH, G		2.2 NAME		BLUBAUGH, CREG 1909 UNIVERSITY BLUD. JACKSONVILLE, FL.	#204	
STREET ADDRESS	1		2.3 STREET	ADDRESS	1909 UNIVERSITY DE 18	= - /	
CITY-ST-ZIP	JACKSONVILLE Fi_		2.4 CITY+S	T- 21P	THERSENVILLE, FL.	☐ Change	Addition
TITLE		DELETE 1	3.1 TITLE] Change	Addition
NAME			3.2 NAMÉ				
STREET ADORESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP		D DELETE -	3 4. CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE	1		□ change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4 4 CITY-ST-ZIP			Change	Addition
TITLE		□ beceit	5.1 TITLE 5.2 NAME				
NAME			53 STREET	ADDRESS			
STREET ADORESS			54 CITY-S				
TITLE		OELETE,			rriches many and the second se	Change .	Addition
NAME			6.2 NAME	92.33 (A)			A Comment
STREET ADDRESS	医学院的复数形式	A SECOND PROPERTY.	6.3 STREET	ADDRESS		1, 7	
C. INCL. ADDINE 30	9	•	7				

14. Therety certify that the information supplied with this filling 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 changer, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90182 050 ***150.00

CR2E034 (11/98)