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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem - 📑 🕈

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857506

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ALDED LIMITED INCORPORATED

FILED
May 12 1997 8:00am
Secretary of State



•	ace of Business	Mailing Address				-{	ifikar islikar dalah dalah	. 6.6/1 6/6/1 /684
LATERAL S	L KARL & ASSOC	C/O JAMES L KARL & ASSOC						
975 NORTH (	COLLIER BLVD	975 NORTH COLLIER BL	VD					
MARCO ISLA	ND FL 33937-9773	MARCO ISLAND FL 3414	5-2173			3. Date incorporated or Qualified 08/23/1983	3a. Date of L 04/03/19	
2. Principal	Place of Business	2a. Mailing Address	<del></del>			4. FEI Number	<u>'                                     </u>	Applied Fo
11		26				59-2314785		Not Applica
Suite, Ap 2	it.#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		. <b>75</b> Additiona ee Required
City & Sta	ate	City & State				6. Election Campaign Financing		.00 May Be
<b>3</b>	Country	28 Zip	Cou	untry		Trust Fund Contribution		ded to Fees
4	25	29	30	Jilli y		8. This corporation has liability for in Florida Statutes	ntangible tax un Yes 🔲 No	der s. 199.032
1	9. Name and Address of Currer		1001	T		10. Name and Address of New Res		
RIC	CCARD DONALD			81	Name			· · · · · · · · · · · · · · · · · · ·
	O JAMES L KARL& ASSOCIATES			B2	Street Andre	ess (P.O. Box Number is Not Acceptable	le)	
97	5 NORTH COLLIER BLVD					ood (1.0. Dox Hambol to Hot Noophab		
` M∕	ARCO ISLAND FL 33937			83				
•	•			84	City		85	Zip Code
t	A		1	Ш			FL  °	
office of agent 1	r registered agent/ty both, in the State am familiar party and accept the oblig	e of Florida/Such change was attention 607.0505	authorize Iorida Sta	d by t tutes.	the corporation	pration submits this statement for the proof's board of directors. I hereby accep	t the appointme	int as registere
SIGNATURE		Boyne Limited, D.	lrecto	ors		d when reinstating)		pril,199
2.		D DIRECTORS	13.	A AGent	bigitatore require	ADDITIONS/CHANGES TO OFFICE		
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no nereby 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 of the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in Changed, or on an attack pent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

10 April, 1997