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

1. Corporation	MENT # F23540 NAME ALTY, INC.	8					
Principal Place of Business Mailing Address							
10000 STIRLING RD 10000 STIRLING RD							
COOPER CITY FL 33024 COOPER CITY FL 33024 US US					DO NOT WRITE IN THIS	SPACE	
US		00			3. Date Incorporated or Qualifed		
					03/04/1981		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26	26		59-2067868		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Red	· -
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	
Zip	· — · — · — · — · — · — · — · — · — · —		Country		8. This corporation owes the current year In		
24	25		10		Personal Property Tax.		□No
	9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
BON	IFIGLIO, CHARLES J.			Ivanio			
10000 STIRLING RD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	OPER CITY FL 33024		83				
	,						
			84	City	FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	the above	e-named corpo	pration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was aut igations of, Section 607.0505, Florid	horized by	the corporation	n's board of directors. I hereby accept the appo	intment as reg	jistered
_	am tamiliar with, and accept the ob-	igations of, Section do7.0303, Florid	Ja Statutes	•			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R	Registered Ager	nt signature required	when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	SPD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	BONFIGLIO, CHARLES J		1.2 NAME				
STREET ADDRESS				TADDRESS	,		
CITY-ST-ZIP	COOPER CITY FL			T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME	•	. 22N					
STREET ADDRESS				TADDRESS	_		
CITY-ST-ZIP-		DELETE	2. 4 CITY-S 3.1 TITLE	ST-ZIP		Change	Addition
TITLE	A Comment	- OFFELE	3.2 NAME			ш	
NAME .	'			T ADDRESS			
STREET ADDRESS			3.4. CITY-5	1			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-21		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	S 5.3		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	DELETE 6.11		6.1 TITLE		, :	Change	☐ Addition
NAME			6.2 NAME		. **		
PEDECT ADDDESS			6.3 STREE	TADDRESS			

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

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90027 002 ***150.00