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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001924 (8)**

1. Corporation Name
ALTER, INC.

Principal Place of Business	Mailing Address
4201 LONG BEACH BLVD. SUITE 304 LONG BEACH CA 90807	4201 LONG BEACH BLVD. SUITE 304 LONG BEACH CA 90807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1995

2. Principal Place of Business	2a. Mailing Address
21 1674 MERIDIAN AVE.	26 1674 MERIDIAN AVE.
Suite, Apt. #, etc. 22 SUITE 408	Suite, Apt. #, etc. 27 SUITE 408
City & State 23 MIAMI BEACH, FL	City & State 28 MIAMI BEACH, FL
Zip / Country 24 33139 / 25 USA	Zip / Country 29 33139 / 30 USA

4. FEI Number: 95-3532851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOSKOWITZ, IRVING 4744 N. BAY ROAD MIAMI BEACH FL 33140	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1674 MERIDIAN AVE., SUITE 408 83 84 City: MIAMI BEACH FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP MOSKOWITZ, IRVING 4744 N. BAY ROAD MIAMI BEACH FL 33140	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1674 MERIDIAN AVE., SUITE 408 MIAMI BEACH, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MOSKOWITZ, CHERNA 4744 N. BAY ROAD MIAMI BEACH FL 33140	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1674 MERIDIAN AVE., SUITE 408 MIAMI BEACH, FL 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: Irving Moskowitz IRVING MOSKOWITZ PRES 2-6-98 305-538-2537