**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name ALPER, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

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Principal Pla	ce of Business	Maili	ing Address						IIIO KAR OTOLI	ELBIT OFFICE EVENT	ileli qibil iddi
203 MW 121 TERRACE CORAL SPGS. FL 33071			203 NW 121 TERRACE CORAL SPGS. FL 33071								
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							3. Date incorporate	d or Qualifed			
				,			02/27/1984				
<b>─</b> · ·	Place of Business	2a. M	failing Address				4. FEI Number	-		Ap	plied For
21		26					59-2395685			No	t Applicable
_	t. #, etc.	s	uite, Apt. #, etc.				5. Certifcate of State	ie Doeirod		\$8.75	Additional :
22	<u> </u>	27					5. Certificate of State	us Desileu	(J)	Fee Re	quired
City & Sta	ate	<u></u> ⊢	City & State				6. Election Campaig	n Financing	П	\$5.00	May Be
23		28				<del></del>	Trust Fund Contr	ibution		Added t	o Fees
Zip	Country	— <u> </u>	ip .	Cou	ntry		8. This corporation	owes the curr	ent year Ir		_
24	25	29		30			Personal Propert				□No
	9. Name and Address of	of Current Register	red Agent		81	<b>A</b> 1	10. Name and Addr	ess of New F	Registered	Agent	
ΔΙΡ	ER, KENNETH	• •			81	Name	,				1
	NW 121 TERRACE	•		-	82	Street Add	lress (P.O. Box Number is	Not Accepta	able)		-
	RAL SPRINGS 33071	i							12	uta ogr <sub>a</sub> otas s	n 1 5 - 25 n.
001	IAL OF HINGS 3307 I				83			, n 1			\$6.583 <u>\$</u> 4
		į			84	City			* :5" + # ± 1	85 Zip C	inde.
and the same						•			FL	_   `	
11 Pursuant		. 607 0600 007					paration cubmits this state	ment for the	purpose o	f changing its	registered
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Office of	t to the provisions of Sections registered agent, or both, in the am familiar with, and accept the	ne State of Fiorida.	Such change was a	authonzed	bv t	he comorati	ion's board of directors. I	hereby accep	t the appo	intment as reg	gistered
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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.

**SIGNATURE**