## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L87714

(6)

ALONSO SERVICES, INC.

Arinainal	Diago	~f 1	D nin	

Mailing Address

## **FILED** Apr 29 1997 8:00am Secretary of State



2102 HAWTHORNE ST SARASOTA FL 34230-3648		2102 HAWTHORNE ST SARASOTA FL 34239-2309					
.e					3. Date Incorporated or Qualified 07/18/1990	3a. Date of Last 05/01/1996	Fleport
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0205929	]	Vot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	Additional
City & Sta	JA.	City & State					Required
23		28 28			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25	Zıp 29	Coun 30	try		Yes No	s: 199.032,
41.0	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New Re	gistered Agent	
ALU	ONSO, JOSE, CRUZ 2 HAWTHORNE ST		Ľ			<del></del>	
	Z MAYINONNE SI RASOTA FL 34239		E	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
yAn.	NAALU I P ALMA		18	33			
ı			-	34 City		Tag T 7.	Cada
				, ,			o Code
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607 1508, Florida Statu to of Florida Such change was	ules, the abo	ove-named cor by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing It the appointment a	ils registered is registered
-	am tamiliar with, and accept the obli	gations of, Section 607.0505, F	lorioa Statu	les.			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NC	TL: Registered /	Agent signature requ	pired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 TITL	F		☐ Change	Addition
NAME	ALONSO, JOSE CRUZ		1.2 NAM				
STREET ADDRESS	2102 HAWTHORNE ST SARASOTA FL		1	EE1 ADDRESS			
CITY-ST-ZIP	SOPT	DELETE	1.4 CITY 2.1 TITL	-S1-ZIP		Change	Addition
NAME	ALSONSO, MARIA TERESA	L. Diccit	2.2 NAM			L., Onday	
STREET ADDRESS	AAAA MAMERIAANIE AT		i i	EET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1	Y-ST-ZIP	•		
TITLE		DELETE	3 1 TITL			Change	Addition
NAME			3.2 NAM	1E			
STREET ADDRESS			3.3 S1R	EE1 ADDRESS			
CITY-ST-ZIP				Y-S1-ZIP			
TALE		☐ DELETE	4.1 TITL			L Change	☐ Addition
NAME			4. 2 NAI				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITL	-ST-ZIP		Change	Addition
NAME		- beteft	5.2 NAM	·		Land Change	7,000,00
STREET ADDRESS				EF1 ADDRESS			
CITY-ST-ZIP			1	r-ST-ZIP			
TITLE		DELETE	6.1 TITL			Change	Addition
NAME			6.2 NAM	AC			
STREET ADDRESS			6.3 STR	FET ADDRESS			
CITY-ST-ZIP		_	6.4 City	/- \$T-7IP			

I do hereby certify that the information information indicated on this annual re-I am an officer or director of the dorp, appears in Block 12 or Block 13 if of ipplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the orter or supplemental annual report is true and accurate and that my signal respect to the same legal effect as if made under oath; that of the reservor or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name