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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business 170 N. SUMMIT AVE.

L88979

(4)

ALLTECH COMMERCIAL SERVICES, INC.

Mailing Address		

P.O. BOX 255

FILED						
Jan 23 1998 8:00am						
Secretary of State						



P.O. BOX 255 P <del>.O. DHAWER 573</del> LAKE HELEN FL 32744 LAKE HELEN FL 32744		DO NOT WRITE IN THIS SPACE			
บร		US		3. Date Incorporated or Qualified	
				07/20/1990	
	lace of Business	2a. Mailing Address	^ F F	4. FEI Number	Applied For
21			255	59-3022663	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Summit Av	/ 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & Stare		6. Election Campaign Financing	\$5.00 May Be
23		28 Lake Hel	en th	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 2 2011	Country	8. This corporation owes or has paid the cur	rrem year Intangible
24	25	29 <b>ク入 /44</b> 30	15 US		☑ Yes ☐ No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
STO	OVER, SONNI M		81 Name		
170	) N. SUMMIT AVE.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	76-8.				
LAF	KE HELEN FL 32744		83		
			84 City	FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named cornor		
office or r agent. I a	registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by the corporation	pration submits this statement for the purpose of on's board of directors. I hereby accept the app	pointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agen		legistered Agent signature required		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	_,	C DECEIE	1.1 TITLE		Change Addition
NAME	STOVER, MIKE 170 N. SUMMIT AVE.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN FL	□ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	DST CONTR	□ DECE16	2.1 TITLE		☐ Change ☐ Addition
NAME	STOVER, SONNI		2.2 NAME		
STREET ADDRESS	170 N. SUMMIT AVE.		2.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE HELEN FL V	DELETE	2. 4 CITY-ST-ZIP		Channa I''' Addition
TITLE	•	☐ DEFEIE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOVER, THOMAS		3.2 NAME		
STREET ADDRESS	695 DARBONNE RD		3.3 STREET ADDRESS		
CITY - ST - ZIP	DELAND FL	T DELETE	3.4. CITY-ST-ZIP		Obacca Ad-29
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
GITY-ST-ZIP		Deter	4.4 CITY-ST-ZIP		District Day out
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CCY+ST-7IP		

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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE

TITLE

NAME

STREET ADDRESS

☐ Change

228

Addition