5-2-97 B- 6229 MC 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 # P9500000153 (3)

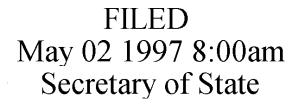
ROBERT ALLI, INC.

Principal	Place of	Business
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Mailing Address

11895 WAI SHINGHAU DO

11625 WALSHINGHAM RD





LARGO FL 3464	14		LARG	O FL 33778-2412										
							3	3. Date Incorporated or Qualified 3. 01/03/1995			3a. Date of Last Report 05/01/1996			
2. Principal Place of Business			2a. N	Mailing Address				4		FEI Number	· · · · · · · · · · · · · · · · · · ·		Аp	plied For
21			26							59-3316769				l Applicable
Suite, Apt. #, etc.		27				5	5. (Certificate of Status Desired			dditional quired			
City & State			28	City & State			6		Election Campaign Financing Trust Fund Contribution			.00 May Be Ided to Fees		
Zip 24	2	Country Zip Count 25 29 30						8		This corporation has liability f Florida Statutes	or intangible		der s.	199.032,
		nd Address of (urrent Register	red Agent				10	0. 1	Name and Address of New	Registered .	Agent		
603 (ITE, DAVID E INDIAN ROC LEAIR FL 346	ks RD				B1 B2	Name Street /	Address ((P.C	O. Box Number is Not Accep	table)			
						B3								
1					[]	84	City				FL	85	Zip C	Code
11. Pursuant office or r agent. I a SIGNATURE	registered age am familiar with	nt, or both, in the r, and accept the	State of Florida obligations of, S	. Such change was Section 607.0505, F	s authorized Florida Statu	by ites.	the corp	oration's	s ba	submits this statement for the pard of directors. I hereby a part	cept the app	chang ointme	ing its ni as	registered registered
12.	Signature, lyped o	profed panie of regist	ercd agent and title if a RS AND DIRECT		OTE: Registered	Ager	nt signature	required wh		eristating) DDITIONS/CHANGES TO OF	DATE	DUDE	OTOD	C IN 10
TALE	D	OFFICE	15 AND DIRECT	DELETE	1.1 101	f			AL	DUITIONS/CHANGES TO OF	FICENS AINL	Ch		Addition
NAME	ALLI, ROBE	RT		C receive	1,2 NA								u.,go	
STREET ADDRESS	11625 WAL	SINGHAM RD					ADDRESS							
CITY-ST-ZIP	LARGO FL				1.4 CH									
TITLE		1		DELETE	2 1 TITI							☐ Ch	ange	Addition
NAME					2.2 NA	ML.								
STREET ADDRESS					2.3 STR	EFT,	ADDRESS							
CITY-ST-ZIP					2. 4 CIT	Y- \$	1 - 2IP		~	No. at the material of the				
TITLE				DELETE	3.1 TITU							☐ Ch	ange	L_] Addition
NAME	}				3.2 NAI									
STREET ADDRESS					1		ADDRESS							
CITY-ST-ZIP TITLE				DELETE	3.4. CIT		1-7IP		_			Ch	anne	Addition
NAME				F. P.C.I.	4 2 NA								ungo	L_1 Modition
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NAME					\$.2 NAI	ИE	ļ							
STREET ADDRESS					5 .3 \$1F	REELA	ADDRESS							
CITY-ST-ZIP					\$.4 CIT	Y - ST	I-ZIP							
TITLE				DELETE	6.1 TITI	LE						☐ Ch	ange	Addition
NAME					6.2 NA	ME	ĺ							
STREET ADDRESS							address							
CITY-ST-ZIP	<u> </u>				6.4 CIT	Y-ST	I - ZIP							

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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.