

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90031 045 \*\*\*150.00

**DOCUMENT # F20075**

1. Corporation Name

**ALWEISS MANAGEMENT SERVICES, INC.**

Principal Place of Business

26 WESTWARD DR  
MIAMI SPRINGS FL 33166  
US

Mailing Address

26 WESTWARD DR  
MIAMI SPRINGS FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1981

4. FEI Number

59-2255777

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ALWEISS, IRA  
26 WESTWARD DR  
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | DVP                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | ALWEISS, CELIA         |  |
| STREET ADDRESS | 26 WESTWARD DR         |  |
| CITY-ST-ZIP    | MIAMI SPRINGS FL 33166 |  |
| TITLE          | TD                     | <input type="checkbox"/> DELETE            |
| NAME           | ALWEISS, ALAN          |  |
| STREET ADDRESS | 26 WESTWARD DR         |  |
| CITY-ST-ZIP    | MIAMI SPRINGS FL 33166 |  |
| TITLE          | SD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | ALWEISS, IRA           |  |
| STREET ADDRESS | 26 WESTWARD DR         |  |
| CITY-ST-ZIP    | MIAMI SPRINGS FL 33166 |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | DVP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | IRA ALWEISS              |  |
| 1.3 STREET ADDRESS | 26 WESTWARD DR.          |  |
| 1.4 CITY-ST-ZIP    | MIAMI SPRINGS, FL. 33166 |  |
| 2.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                          |  |
| 2.3 STREET ADDRESS |                          |  |
| 2.4 CITY-ST-ZIP    |                          |  |
| 3.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                          |  |
| 3.3 STREET ADDRESS |                          |  |
| 3.4 CITY-ST-ZIP    |                          |  |
| 4.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                          |  |
| 4.3 STREET ADDRESS |                          |  |
| 4.4 CITY-ST-ZIP    |                          |  |
| 5.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                          |  |
| 5.3 STREET ADDRESS |                          |  |
| 5.4 CITY-ST-ZIP    |                          |  |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                          |  |
| 6.3 STREET ADDRESS |                          |  |
| 6.4 CITY-ST-ZIP    |                          |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

305-885-246

Daytime Phone #

CR2E034 (11/98)