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

FILED

May 20 1997 8:00am

Secretary of State

a andror ernen 1840 darin arbin edika 1841 binke 1444 dabat didar biske biske binke

DOCUMENT # 196297

(6)

THE ALERT COMPANY

Sulte, Apt. #, etc. 22 City & State City & State City & State Country Country Suite, Apt. #, etc. 6. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,	Principal Plac 5401 E. SLIGH TAMPA FL 3361	AVENUE	Mailing Address 5401 E. SLIGH AVENUE TAMPA FL 33617-8709						
Sulfic, Apt. #, etc.									pport
City & State City	2. Principal P 21	lace of Business	1			59-0787355 Not Applicat			
City & State City & State City & State City & State Selection Campaign Franciscing Addidot of New Book Addidot of New Policy Addidot of New Policy Addidot of New Policy Policide State City New Policy Policide State New Policy New Policy Policide State New Policy Policide Policy Policide State New Policy Policide Policy Policide Policy Policide Policy Policide Policy Policy Policide Policy	Sulte, Apt.	#, etc.	├			5. Certificate of Status Desired			
SANDERS, W.C. SIGN STREET ADDRESS		е	City & State						
SANDERS, W.C. 5401 E. SLIGH AVENUE TAMPA FL 33617 80 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, f londs Statutes. If a box-enanced corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, a mile and accept the obligations of, Section 607,0505, f florids Statutes. 12. Of FICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STD ONESSA FL STREET ADDRESS OVY-ST-2P ODESSA FL DILETE 2 thing 1 Shift I ADRESS OVY-ST-2P TOUR NAME SANDERS, W. C. 280 IN. VALRICO ROAD 28 STREET ADDRESS STREET ADDRESS OVY-ST-2P TOUR NAME STREET ADDRESS OVY-ST-2P TAMPA FL DELETE 48 DILETE 48 DILETE 48 DILETE ASSISTED ADDRESS ASSISTED ADDRESS OVY-ST-2P TAMPA FL DELETE ASSISTED ADDRESS ASSISTED ADDRESS ASSISTED ADDRESS ASSISTED ADDRESS OVY-ST-2P TAMPA FL DELETE ASSISTED ADDRESS ASSISTED ADDRESS ASSISTED ADDRESS ASSISTED ADDRESS ASSISTED ADDRESS OVY-ST-2P TAMPA FL DELETE ASSISTED ADDRESS OVY-ST-2P TAMPA FL DELETE ASSISTED ADDRESS ADDITION	Zip 24	25	29]		ry	Florida Statules	Yes 🔲 No)	199.032,
## Street Address (P.O. Box Number is Not Acceptable) ## City	SAN		ent Registered Agent		1 Name	10. Name and Address of New Re	jistered Agen	L	
TAMPA FL 33617 Bat City FL B5 Zip Code Tit. Pursuant to the provisions of Sections 607.0602 and 607.1508. Florids, Statutes, this above-remod corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florids, Statutes, this above-remod corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florids, Statutes, this above-remod corporations board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, I fortide Statutes.					2 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
### City	MAT	IPA FL 33617							
THE PURSUANT TO THE provisions of Sections 607 0502 and 607,1508, Florids Statutes, this above-named corporation submits this statement for the purpose of changing its registered diffice or registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agont, or both, in the State of Florids. Statutes allowed was reliable when reliable to be accepted when reliable to a provided when reliable to a beautiful and the reliable to a provided when reliable to a provided whe									<u>-</u>
1. Pursuant to the provisions of Sections 67 0007 and 607 1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent and the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the State of Florida Statutes. SIGNATURE				8	4 City		FI 85	Zip C	Code
Signature Spring primed name of legislatered agend and third surprised Agend lightwice required when reinstatering DATE	11. Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	502 and 607.1508, Florida Statu ite of Florida Such change was ligations of, Section 607.0505, F	ites, the abo authorized lorida Statut	ve-named cor by the corpora es.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of char the appointm	nging its	registered registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE			: u zeru , minkemen ;					
NAME ENGLISH, WAYNE 12 NAME 13 STREET ADDRESS CITY-ST-ZIP ODESSA FL	12.				gent signature requ			ECTOR	S IN 12
STREET ADDRESS ODESSA FL	TITLE		DELETE	1,1 1111.1				Change	Addition
CITY-ST-ZIP	NAME			1.Þ NAM	£				
TITLE	STREET ADDRESS			1,B STRE	ET ADDRESS				
NAME SANDERS, W. C. 201 N. VALRICO ROAD 2,8 STREET ADDRESS 2,4 CHY-S1-ZIP	CITY-ST-ZIP	I		1. 4 CITY	- S1 - Z(P				
STREET ADDRESS SEFFNER FL	TITLE		DELETE	2.1 11111				Change	Addition
SEFFNER FL 2 4 CITY-S1-7IP	NAME			2.P NAM	£				
TITLE VD DELETE 3,1 TILE Chaque NAME NELSON, BRUCE 3,2 NAME 3,5 STREET ADDRESS	STREET ADDRESS			2.\$ STRE	ET ADDRESS				
NAME NELSON, BRUCE 12001 GAINES COURT 3 NAME 3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 3 CITY-ST-ZIP		I	Declare						
12001 GAINES COURT		1	□] DEFELE					,naoge	
TAMPA FL 34. CITY-S1-ZIP TAMPA FL 34. CITY-S1-ZIP Change Addition									
DELETE DELETE 4.1 TITLE Change Addition									
NAME		INNI CI L	☐ DELETE				П	Change	Addition
STREET ADDRESS			La beer t				·	лыць	L Young
CHY-ST-ZIP	1								
TITLE DELETE 5,1 mus Change Addition NAME 5,2 NAME STREET ADDRESS 5,5 STREET ADDRESS CITY-ST-ZIP 5,4 CITY-ST-ZIP Change Addition TITLE DELETE 6,1 mus Change Addition									
NAME			T DELETE				П	Change	Addition
STREET ADDRESS									
CITY-S1-ZIP 5 A CITY-S1-ZIP TITLE DELETE 6 NITE Change Addition	1								
TITLE DELETE 64 TITLE Change Addition				- E '					
			DELETE	and the second second				Change	Addition
₽ ********			-					-	
STREET ADDRESS 6.8 STREET ADDRESS									

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 not and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or thy acceiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged or myan anathment with an address.