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 Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90161 010 ***150.00

DOCUI	MENT # 262819								
7. Corporation	ALTY, INC.								
ADU NE	ALIT, INC.				110	ALLO RIGIO OLIVA KRODI VOLDI.	11 010 1011 010 1	A BURN BHAN BARN B	
Principal P ace	e of Business	Mailing Address				0110 11010 01110 11001 10101		I BIBLI BIBLI BIBLI BI	#11 #1#11 1##1
2925 SANLAN RANCH DRIVE 2925 SANLAN RANCH DR			VE						
LAKELAND FL 33813 LAKELAND FL 33813						DO NOT WE	DITE IN Th	IS SDACE	
·					3 Date liv	corporated or Qualifed		IS SPACE	
I					09/19	•	_		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Nur			Apr	lied For
21		26			59-10	26451		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			te of Status Desired		\$8.75 A		
22		27		- Use Gorano X			Fee Re	·	
City & State	e	City & State			I	Campaign Financing	, 🗆	\$5.00	
23		Zip Country				und Contribution		Added to	
			30			poration owes the cu al Property Tax.	rrent year		l⊒No
24	9. Name and Address of Currer		30			and Address of New	Registere		
			81	Name					
	LOWAY JR,E E		82	Street /	Ar dress (P.O. Box	Number is Not Accep	ntable)		
	SANLAN RANCH DRIVE		<u> </u>	0116007					
LAKI	ELAND FL 33813-1226		83						
			84	City				85 Zip C	ode
							<u>_</u>		
office con	to the provisions of Sections 607.050 egistered agent, or bo h, in the State	∈ct Florida. Such change was a	iutnonzed by	tne corpo	ccrporation submits ration's board of ci	s this statement for th irectors. I hereby acc	e purpose ept the app	or changing its ointment as reg	r agisterea j stered
agent. a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fle	orida Statutes						
SIGNATURE	Signature, typed or printed na ne of registered age	ant and title of emplicable (NOT)	- Registered Agen	1 signature re	quired when reinstating)		DATE	1/21/9	<u> </u>
12.		NE DIRECTORS	13.			NS/CHANGES TO O	FFICERS	AND DIRECTO	F:S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	1.1 TITLE				☐ Change	☐ Addition
NAME	HOLLOWAY JR,E EDWARD		12 NAME						
STREET ADDRE 3S	2925 SANLAN RANCH DRIVE		1 3 STREET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL		1,4 CITY-S	r-ZIP					FT A JUN-
TITLE	STD	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	HOLLOWAY,MARY ANN		2.2 NAME						
STREET ADDRE IS	2925 SANLAN RANCH DR.		H -	2.3 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL		2. 4 CiTY-ST-ZiP 3.1 TITLE		 			Change	Addition
TITLE NAME	D Troiano,d.a.	- Deterie	3.2 NAME						
	047 COLITH TENNIECCEE AVE		3.3 STREET ADDRESS						
STREET ADDRE'S CITY-ST-ZIP	LAKELAND FL		3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4 2 NAME						
STREET ADDRESS			4,3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY- S	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP	·		5.4 CITY-S	1-212					/ Addition
TITLE		וון חבובדב	■ 61 HHF					[] (Thanne	Andinon
NAME		☐ DELETE	61 TITLE 62 NAME					☐ Change	Addition

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.

6 4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 665-1601

CR2E034 (11/98)