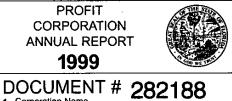
1999

AL-PO OF VERO, INC.

1. Corporation Name



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-12-1999 90007 034 ***150.00



Principal Place of Business	Mailing Address			()00()0 ()000	61611 61911 61911 61911 E1211 1621
675 4 ST P O BOX 1122 VERO BEACH FL 32961	675 4 ST P O BOX 1122 VERO BEACH FL 32961			DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed 06/09/1964	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
11	26			59-1052375	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	٠٠ - در		-5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	11.11.1.1.11		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29	Country 30		This corporation owes the current year in Personal Property Tax.	ntangible □ Yes □ No
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered	d Agent
BARTLETT, ALFRED 1956 COMMERCE AVE VERO BEACH FL 32960		81 82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
TEILO DENOTE E SESOU		183			

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.

83 84 City

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD DELETE	1.1 TITLE	☐ Change	☐ Addition					
NAME	BARTLETT, ALFRED A	1.2 NAME							
STREET ADDRESS	1966 COMMERCE AVE.	1.3 STREET ADDRESS							
CITY-ST-ZIP	VERO BEACH, FL 00000	1.4 CITY-ST-ZiP							
TITLE	ST DELETE	2.1 TITLE	☐ Change	☐ Addition					
NAME	BARTLETT, POLLY R	2.2 NAME							
STREET ADDRESS	1966 COMMERCE AVE.	2.3 STREET ADDRESS							
CITY-ST-ZIP	-VERO BEACH, FL-00000	2:4 CITY-ST-ZIP							
TITLE	VD DELETE	3.1 TITLE	☐ Change	☐ Addition					
NAME	BARTLETT, POLLY R	3.2 NAME							
STREET ADDRESS	1966 COMMERCE AVE.	3.3 STREET ADDRESS							
CITY-ST-ZIP	VERO BEACH, FL 00000	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-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition					
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition					
NAME		6.2 NAME							
STREET ADDRESS	.:	6.3 STREET ADDRESS							
CITY-ST-ZIP		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:

85

Zip Code