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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:49

DOCUMENT # 318673 (1)

1. Corporation Name

THE ALISON MANUFACTURING COMPANY, INC.

Principal Place of Business
1983 N E 123RD ST
NO MIAMI FL 33181

Mailing Address
1983 N E 123RD ST
NO MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 640 N.E. 124TH STREET
Suite, Apt. #, etc	22
City & State	23 N. MIAMI FL
Zip	24 33161
Country	25 U S A.
2a. Mailing Address	26 640 N. E 124TH STREET
Suite, Apt. #, etc	27
City & State	28 N. MIAMI FL
Zip	29 33161
Country	30 U S A

3. Date Incorporated or Qualified: 07/13/1967
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1171609 ☐ 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 has liability for intangible tax under S. 199.052, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWEIGER, J LARRY
~~1983 N E 123RD ST~~ 640 N. E. 124TH ST
NO MIAMI FL ~~33181~~ 33161

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]

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	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	SCHWEIGER, J. LARRY	12 NAME	
STREET ADDRESS	1983 N E 123RD ST	13 STREET ADDRESS	640 N E 124TH ST.
CITY ST ZIP	NO MIAMI, FL 00000	14 CITY ST ZIP	N MIAMI FL 33161
TITLE	DVST	21 TITLE	☒ Change ☐ Addition
NAME	SCHWEIGER, JEFF	22 NAME	
STREET ADDRESS	2085 N.E. 123 RD. ST.	23 STREET ADDRESS	12915 IXORA RD
CITY ST ZIP	N. MIAMI FL 33181	24 CITY ST ZIP	N. MIAMI FL 33181
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	SCHWEIGER, JEFFREY	32 NAME	
STREET ADDRESS	2085 NE 123RD ST	33 STREET ADDRESS	12915 IXORA RD
CITY ST ZIP	N MIAMI FL	34 CITY ST ZIP	N MIAMI FL 33181
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: X [signature] X [signature] 305-893-6255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

0100100 CP