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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **318673** **(1)**

1.

THE ALISON MANUFACTURING COMPANY, INC.

Principal Place of Business	Mailing Address
640 NE 124 ST NO MIAMI FL 33161 US	640 NE 124 ST NO MIAMI FL 33161 US

3. Date Incorporated or Qualified: 07/13/1967
3a. Date of Last Report: 01/19/1995
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. 199.032 Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business
21 640 N.E. 124 ST.
22
23
24 25

2a. Mailing Address
26
27
28
29 30

9. **Name and Address of Current Registered Agent**

SCHWEIGER, J LARRY
1983 N E 123RD ST
NO MIAMI FL 33181

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 640 N.E. 124TH ST.
83
84 City N. MIAMI FL 85 Zip Code 33161

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 X

12. OFFICERS AND DIRECTORS

DP SCHWEIGER, J. LARRY 640 NE 124 ST NO MIAMI, FL 00000	[ ] DELETE
DVST SCHWEIGER, JEFF 12915 IXORA RD N. MIAMI FL	[ ] DELETE
ST SCHWEIGER, JEFFREY 12915 IXORA RD N MIAMI FL	[ ] DELETE
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] 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 report or supplemental 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 X 1/18/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)