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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 399043

1. Corporation Name

ALKAY CORP.

FILED
Apr 11 1997 8:00am
Secretary of State

Principal Place	e of Business	Mailing Address	··	1	
5401	N.W. 102 AVE	5401 N	1.W. 102AVE		
SUNRI	SE FL, 33351	SUNRIS	E F4,73351	Double and a Outliffed	To Date of Last Danes
				3. Date Incorporated or Qualified 4-11-72	3a. Date of Last Report 4 - 26 - 96
	ace of Business	2a. Mailing Address	1 40 01/5	4. FEI Number 59-1390576	Applied For
1 540 / Suite, Apl #	I N.W 102 AVE	26 540 / N·U Suite, Apt. #, etc.	N. 102 198 C	37-1340376	Not Applicable 975 Additional
2 54	TE 1/2	27 Suite	112	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Rise Fo	City & State 28 SUNRIS	E FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032.
4 3335		20 33351	30 US#		Yes No
	9. Name and Address of Current		81 Name	10. Name and Address of New Reg	intered Agent
ALB	BERT D. POIRI	ER			
910	2 N.W. 67 CO	aRT	62 Street Add	dress (P.O. Box Number is Not Acceptable	e)
•			83		
THM	IARAC FL, 3:	3321			
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Stat	tutes, the above-named cor	poration submits this statement for the po	roose of changing its registerer
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change wa	is authorized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
accord Lan		mona bi, deciron dor idado,	Tionga opprotos.		
	•				
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable (N	OTE: Registered Agent signature requ	uired when reinstating)	DATE
SIGNATURE			IOTE: Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
SIGNATURE 5	Signature, typed or printed name of registered again OFFICERS AND	DIRECTORS			ERS AND DIRECTORS IN 12
SIGNATURE 3	Signature, typod of printed name of registered agent OFFICERS AND POIRIER ALBER	DIRECTORS DELETE	13.		ERS AND DIRECTORS IN 12
SIGNATURE 3	Signature, typed of printed name of registered again OFFICERS AND POIRIER ALAEK GIO2 NW 67 CB	DIRECTORS DELETE DU R	13. 1.1 TITLE		ERS AND DIRECTORS IN 12
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MAD Wairds ALBERT D. POIRICK 4-7-97 (954) 748-9824

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daving Phone #