Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90028 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 433715

1. Corporation Name

ALKOW	AND COMPANY, INC.						
Principal Place	e of Business	Mailing Address	_		T \$00111 drame (1100)(()) t mans (1001 d)() d)	OFI DISIL DIDIL DISIL BE	ati aisii ika
341 W. TROPIC	CAL WAY	341 W. TROPICAL WAY					
P.O. BOX 15878 P.O. BOX 15878							
PLANTATION FL 33318-5878 PLANTATION FL 33318-5878				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 08/28/1973		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26 .			59-1564700	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		- .	5. Certificate of Status Desired	• \$8.75 A	I
22		27				. Fee Red	quired
City & State	te ,	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip 24	Country 25	Zip 29	30 Cou	ntry	This corporation owes the current year Personal Property Tax.		□No
	9. Name and Address of Curre		"		10. Name and Address of New Register	red Agent	
				81 Name			
	OW, M HARVEY			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
341 W. TROPICAL WAY			3 Steel Ad	diess (1.0. Box Number is Not Acceptable)			
PLAN	ntation FL 33317			83			
				84 City		[85 Zip C	
				84 City	ł	FL 83 215 °	
office or nagent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State arm familiar with, and accept the obligations.	of Florida. Such change was ations of Section 607,0505. F	iutes, trie a authorized Iorida Stati	bove-named co by the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATURE					ired when reinstating) DATE		[
	Signature, typed or printed name of registered age				·		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age	ant and title if applicable. (NC	TE: Registered	Agent signature requ	rired when reinstating) DATE		
12.	Signature, typed or printed name of registered age OFFICERS Af	ont and title if applicable. (NC	TE: Registered	Agent signature requ	rired when reinstating) DATE	AND DIRECTOR	RS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AT VD ALKOW,MARVIN HARVEY	ont and title if applicable. (NC	13. 1.1 Tr	Agent signature requ	rired when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT VD ALKOW,MARVIN HARVEY	ont and title if applicable. (NC	13. 1.1 Ti 1.2 No 1.3 ST	Agent signature requ	rired when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND ALKOW, MARVIN HARVEY 341 W. TROPICAL WAY	ont and title if applicable. (NC	13. 1.1 Ti 1.2 No 1.3 ST	Agent signature required. LE ME REET ADDRESS IY-ST-ZIP	rired when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT VD ALKOW, MARVIN HARVEY 341 W. TROPICAL WAY PLANTATION FL	ant and title if applicable. (NC ND DIRECTORS	13. 1.1 Tr 1.2 No 1.3 St 1.4 Cr	Agent signature required to the ME REET ADDRESS IY-ST-ZIP	rired when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI VD ALKOW, MARVIN HARVEY 341 W. TROPICAL WAY PLANTATION FL PD ALKOW, JUDITH	ant and title if applicable. (NC ND DIRECTORS	13. 1.1 Tr 1.2 N/ 1.3 St 1.4 Cr 2.1 Tr 2.2 N/	Agent signature required to the ME REET ADDRESS IY-ST-ZIP	rired when reinstating) DATE	AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT VD ALKOW, MARVIN HARVEY 341 W. TROPICAL WAY PLANTATION FL PD ALKOW, JUDITH	ant and title if applicable. (NC ND DIRECTORS	13. 1.1 Tr 1.2 N/ 1.3 S1 1.4 Cl 2.1 Tr 2.2 N/ 2.3 S1	Agent signature required to the signature re	rired when reinstating) DATE	AND DIRECTOR Change	RS IN 12 Addition Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AP VD ALKOW, MARVIN HARVEY 341 W. TROPICAL WAY PLANTATION FL PD ALKOW, JUDITH 341 W. TROPICAL WAY PLANTATION FL	Int and title if applicable. (NC) ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TF 1.2 NV 1.3 ST 1.4 CF 2.1 TF 2.2 NV 2.3 ST 2.4 CC 3.1 TF 3.2 NV 3.3 ST 3.4 CC 4.1 TF 4. 2 N 4.3 ST 4.4 CF 5.1 TF 5.2 NV	Agent signature required. LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME	rired when reinstating) DATE	AND DIRECTOR Change Change	RS IN 12 Addition Addition Addition Addition
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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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO'DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954587-3344 Daysimo Phono #