## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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1996

DOCUMENT # 1. Corporation Name (7)

ł	ALLI.	ITFR	TEX	rbooi	KS.	INC
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Principal Place of Business Mailing Address  823 REYNOLDA ROAD 2012 S. FLORIDA AVENUE WINSTON-SALEM NC 27104 POST OFFICE BOX 2451											
							- 1				
US			LAKELAND FL 33803-2666 US			ŀ	3. Date Incorporated or Qualified 10/02/1973	3a. Date	of Last I		
	ace of Business	2a	Mailing Address					4, FEI Number	<u></u>	<del>'''</del>	Applied For
<u> </u>		26						59-1506899			Not Applicable
Suite, Apt a	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional
City & State		27	City & State								Required
3	•	28	City & State					Election Campaign Financing     Trust Fund Contribution			DO May Be
Ζιρ	Country	- 1201	Zip	T Co	untry	<del></del>		This corporation has liability for			ed to Fees
1	25	29	33806-2451	30	,				irkangibie ta ∏No	x under s	3 199.032,
	g, Name and Address of Currer	nt Regis	lered Agent				1.	10. Name and Address of New F		Agent	
					81	Name					
	CHRISTY F.				82	Stroot	Addross	s (P.O. Box Number is Not Acceptab	lo)		·
	FLORIDA AVE., PO BOX 2451				L	Gueer	Mudiess	355 (FTO, DOX Harmos is Not Acceptable)			
LAKELAN	ND FL 33806				83						
					84	City			FI	85 Z	7ip Code
1. Pursuant te	o the provisions of Sections 607.0502	2 and 60	7.1508, Florida Statute	s, the abo	L	L. named c	orporatio	on submits this stalement for the nu		nning its	registered offi
	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect				corp	oration's	s board o	of directors. I hereby accept the app	pintment as	registere	d agent. I am
IGNATURE .			esse, no lad blateles.					27.14			
CONTROPIE :	Signature, typed or printed name of registered agent	and the if	appiracie (NO)	F Registerer	d Ager	it signature	required wh	N/A	DATE		
2.	OFFICERS AN	D DIREC	TORS	13.				ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12
TLF	PTD		DELETE	1. 1 1	IJLE					Change	
4ME	ERLER, WILLIAM C			1.2 N	AME						
IHEFT ADDRESS	9455 EDDINGS RD ODESSA FL			1.3 S	TREET	ADDRESS					
TY-S1-Z0⊦ LLF	S S		E3.66177			I · ZIP	<del> </del>				
AME.	GODFREY, ERNESTINE		DELETE	2 1 1			•			Change	☐ Addition
REEL ADDRESS	823 REYNOLDA ROAD			22 N							
11Y - ST - 7HP	WINSTON-SALEM, NC 00000					ADDRESS					
1)	William Of Carrier To County		DELETE	3 1 T		1 · ZIP	<del></del>			7 Change	- Addison
AME				32 N					L.	] Change	☐ Addition
THEET ADDRESS						ADDRESS					
TY-ST ZiP					IY-S						
I) F			DELETE	4.11						Change	☐ Addition
AMF				4.2 N	AMÉ				_		
HEEL ADDRESS				438	TREET	ADDRESS					
MY-ST ZIP				4.4 C	TY - 5	T-ZIP	L				
1.1			DELETE	5 1 7	ILE					] Change	☐ Addition
AME				52 N	AME						
IREE: ADDRESS				535	TREET	ADDRESS					
1Y-S: ZP					14-8	T - 71P	L				
ītf			DELETE	6 1 1	IILE				C	] Change	☐ Addition
AME				6 2 N	AME		]				
IREE1 ADDRESS						ADDRESS	1				
TY-S1-Zif	contifu that the information as a last	منطاء علينا	Eliza in control of the	6 4 C	TY-S	T-ZIP	<u></u>				<b></b>
oath; that I	certify that the information supplied with information indicated on this annulan an officer or director of the corporations 12 or Block 12 or Block 13 if changed, or c	ration or	i or supplemental annu The receiver or trustee	ai report i empowei	C In b	മാഹിരമ	voltale a	and that my clanature chall have the		- W :	

SIGNATURE: William C. Erler, President) (2/57/96) 920-4722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813/
Date Capture Proces