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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 573599 (8)

1. Corporation Name
ALFAX CO.



Principal Place of Business
3801 N WASHINGTON BLVD
SARASOTA FL 34234

Mailing Address
3801 N WASHINGTON BLVD
SARASOTA FL 34234-4834

3. Date Incorporated or Qualified 05/25/1978
3a. Date of Last Report 04/30/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number 59-1820112
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOIGNE, EMIL
3801 N. WASHINGTON BLVD
SARASOTA FL 34234

81 Name HOIGNE, NANCY
82 Street Address (P.O. Box Number is Not Acceptable) 3801 N. WASHINGTON BLVD
83
84 City SARASOTA FL 85 Zip Code 34234

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: *Nancy Hoigne* NANCY HOIGNE, REG. AGENT Date: *Mar 1, 1997*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-ST-ZIP. Includes Emil Hoigne (President) and Nancy Hoigne (Secretary).

Table with columns for 1.1-1.4 Title, Name, Street Address, City-ST-ZIP. Includes Nancy Hoigne (Secretary).

14. I do 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 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: *Nancy Hoigne* NANCY HOIGNE, PRESIDENT Date: 041-355-9133

CR2E034 (9/96)