FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90103 019 ***150.00

i. Corporation							
THE ALF	PINE SEVEN COMPANY, IN	C.					
Principal Place	e of Business	Mailing Address				Albit Bibli Bibli Bi	
1112 N FED HV	MY	1112 N FED HWY			,		
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	- JOI AGE	
					06/23/1980		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 26 26				34-1125988	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22					5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State	y & State		6. Election Campaign Financing	\$5.00	-
23		28			Trust Fund Contribution	Added to	o Fees
Zip			Country	y	8. This corporation owes the current year Intangible Personal Property Tax		
24	9. Name and Address of Currer	. 1 1	30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curren	it Registered Agent	81	Name	TV. Hallie alla Addieda di Note Itagiatara		
POW	/ELL, MARDY		L	<u> </u>			
1112 N FED HWY			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	,	Í
	TNON FL 33435		83	 			
			<u> </u>	<u> </u>			
•			84	City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	re-named co	rnoration submits this statement for the nurnose of	of changing its	registered
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	ithorized by	the corpora	tion's board of directors. I hereby accept the appoint	intment as rec	gisterea
•			• • • • • • • • • • • • • • • • • •				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Age	ent signature requ	olred when reinstating) DATE		
12.		ID DIRECTORS	13.	т	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TITLE		,	Change	☐ Addition
NAME	POWELL, MARDY		1.2 NAME	1			1
STREET ADDRESS	1112 N FED HWY		4	ET ADDRESS	•		
CfTY-ST-ZIP	BOYNTON BEACH FL	☐ DELETE	1.4 CITY-8	ST-ZIP		Change	Addition
TITLE		□ nerete	2.1 TITLE	-		[] Orlange	
NAME.	l .		2.2 NAME				ľ
STREET ADDRESS	,			TADDRESS			
CITY-ST-ZIP			2.4 CITY-	S1-ZIP		~ [≥] Change	- Addition
NAME			3.2 NAME				
				T ADDRESS			}
CITY-ST-ZIP			3.4. CITY				
TITLE		☐ DELETÉ	4.1 TITLE			[] Change	Addition
NAME			4.2 NAME	: [ţ
STREET ADDRESS			4.3 STREE	TADORESS			ļ
CITY-ST-ZIP			4.4 C(TY+5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				ĺ
STREET ADDRESS				TADORESS			į
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
mLE		DELETE	6.1 TITLE	-		Change	☐ Addition
NAME			6.2 NAME	1			
STREET ADDRESS				T ADDRESS			1
CITY-ST-7IP			6.4 CITY-5	ST-ZIP			

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 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.

SIG	N	AT	U	R	E
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Daytime Phone #