


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725179** (6)

1. Corporation Name
THE ALCOSA INC

Principal Place of Business

**292 4TH AVE S
NAPLES FL 33940
US**

Mailing Address

**292 4TH AVE S
NAPLES FL 33940
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**GUBSER, CAROLE
292 4TH AVE S
NAPLES FL 33940**

3. Date Incorporated or Qualified
01/04/1973

3a. Date of Last Report
02/22/1995

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
HOFFMAN, HOWARD
298 FOURTH AVE SOUTH
NAPLES FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**T
POLLARD, ROSEMARY
292 FOURTH AVE SOUTH
NAPLES FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
POLLARD, GEORGE
292 FOURTH AVE SOUTH
NAPLES FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**S
GUBSER, CAROL
294 FOURTH AVE SOUTH
NAPLES FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VPD
MARSHALL, GEORGE
296 4TH AVE
NAPLES FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
MARSHALL, DOROTHY
296 FOURTH AVE SOUTH
NAPLES FL**

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rosemary Pollard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6, 1996
Date

261-1359
Daytime Phone #

CR2E037 (12/95)