~~DEPARTMENT OF STATE~~ **FILE NOW: FILING FEE IS $61.25**

~~FOR DEPOSIT ONLY - 2/18/1999~~

~~NONPROFIT 000068796~~

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~~1999~~

~~721A - 90099 - 2~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90099 002 *****61.25

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DOCUMENT # 725179

1. Corporation Name

THE ALCOSA INC

Principal Place of Business	Mailing Address
292 4TH AVE S NAPLES FL 34102 US	292 4TH AVE S NAPLES FL 34102 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/04/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

POLLARD, ROSE MARY
292-4TH AVE S
NAPLES FL 34102

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, HOWARD		1.2 NAME	
STREET ADDRESS	298 FOURTH AVE SOUTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POLLARD, ROSEMARY		2.2 NAME	
STREET ADDRESS	292 FOURTH AVE SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POLLARD, GEORGE		3.2 NAME	
STREET ADDRESS	292 FOURTH AVE SOUTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GUBSER, CAROL		4.2 NAME	
STREET ADDRESS	294 FOURTH AVE SOUTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, GEORGE		5.2 NAME	
STREET ADDRESS	296 4TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, DOROTHY		6.2 NAME	
STREET ADDRESS	296 FOURTH AVE SOUTH		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 617, 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.

SIGNATURE: Robert Pollard **SIGNATURE REQUIRED** Feb 2, 1999 941-261-1359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #