

DEPARTMENT OF STATE
FOR DEPOSIT ONLY - 2/18/1999
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18, 1999 8:00am
Secretary of State

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

NONPROFIT 000068796
APR 1999 00099-2

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

DOCUMENT # 725179

1. Corporation Name
THE ALCOSA INC

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

Mailing Address
292 4TH AVE S
NAPLES FL 34102
US



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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POLLARD, ROSE MARY 292-4TH AVE S NAPLES FL 34102		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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

0063207

CR2E037 (11/98)