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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	n Name		7589		(2)							
ALATRO	ON, INC.											
Principal Place	e of Busines	s		Mailing Add	dress							FF CHILL INCI
8641 MAY CIRCLE				PO BOX 66324								
TAMPA FL 33614				ST. PETERSBURG FL 33736								
US				US					DO NOT WRI 3. Date Incorporated or Qualifier		SPACE	
									04/26/1982	J		
2. Principal P	lace of Busin	ness		2a, Mailing /	Address				4, FEI Number		I	pplied For
21				26					59-2180808			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22				27					e, Certificate of Status Desired		Fee R	equired
City & State				City & State					6. Election Campaign Financing	_		May Be
23 Zip	<u>-</u>	Country		28] Z ip		Country			Trust Fund Contribution	L		to Fees
24		25	<u> </u>	29		30	•		 This corporation owes or has Personal Property Tax due Ju 			itangible DNo
	g, Name		e of Current Re		ent	1001			10. Name and Address of New I			
MA'	TTIOLI, LOI	UIS				81	Name					
8641 MAY CIRCLE						82	Street /	Addres	ss (P.O. Box Number is Not Accept	able)		
TAN	APA, FL											
336	14					83						
				,		84	City			FI	85 Zip	Code
11 Pursuant t	in the provis	ions of Section	ne 607 0502 an	nd 607 1508 8	Florida Status	tes the above	e-named	corpo	ration submits this statement for the		of changing	te registered
office or re	egistered ag	ent, or both,	in the State of F pt the obligation	Florida Such (change was	authorized by	y the corp	poratio	n's board of directors. I hereby acc	ept the ap	pointment as	registered
ayont. rai	iii karillikar wi	illi, alici accej	אוועוט טווואן				^					
CICALATURE				ia or, occion	607.0305, FI	orida Statutes	8.					
SIGNATURE	Signature, lypiod	or printed name o	of registered agont and			Orida Statutes		beriuper	when reinstating)	DATE		
12.			of registered agont and FICERS AND DI	o title if applicable	(NOT	TE Registered Age		required	when reinstating) ADDITIONS/CHANGES TO OFF			
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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.

FILED

Apr 28 1998 8:00am

Secretary of State