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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

ANNUAL REPORT  1998  Socretary of State  Division of Corporations							Secretary of State				
BELT-	MENT # F9400 ALA CART, INC.										
Principal Place of Business Mailing Address  BOCA RATON TOWN CENTER 32-16 BROADWAY BOCA RATON FL 07410 FAIR LAWN NJ 07410							DO NOT WRITE IN THIS SPACE				
<u> </u> 							3. Date Incorporated or Qualified 01/28/1994				
21	Place of Business	26	Mailing Addres				4. FEI Number 22-3255355		<u></u>	pplied For ot Applicabl	le
Suite, Apt.		27					5. Certificate of Status Desired		<b>+</b>	Additional equired	
City & Stat		28					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	25 2			Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	9, Name and Address of Currer	nt Registe	ered Agent	···	81	Name	10. Name and Address of New Registe	red A	gent		4
GOODMAN, RONALD 8135-A SEVERN DRIVE BOCA RATON FL 33433					82	82 Street Address (P.O. Box Number is Not Acceptable)					-
					84	City		FL	85 Zip	Code	-
11. Pursuant office or ragent if a	to the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the oblig	)2 and 60 of Florida alions of,	7.1508, Florida la Such change Section 607.05	Statutes, the a was authorize 05, Ftorida Sta	bov d b	e-named corp y the corpora s.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of o	changing in intment as	ls registered registered	<u> </u>
SIGNATURE	Signature, typed or printed name of registered ag-	ent and tale d	f achticable	(NOTE Register	nd Aq	ent signature regu	lired when reinstating) Di	ATE			
12.	OFFICERS AN			13.	*	<u></u>	ADDITIONS/CHANGES TO OFFICERS		DIRECTOR	3S IN 12	- b
TITLE	ST		DEL 8	TE 1.1 T	ITLE	<u>_</u>			Change	Addition	- 10/0/ 10/0/
NAME	GOODMAN, LAWRENCE B			1.21	IAME	]					100
STREET ADDRESS	32-16 BROADWAY			1.3 9	TREET	ADDRESS					ļ
CHTY-ST-Z#P	FAIR LAWN NJ	· <del>-</del>				ST-ZIP					_ §
TITLE			☐ DEL€			ĺ		ı	Change	Addition	ר
NAME	}			2.2 M							1
STREET ADDRESS						ADDRESS					Ì
CITY-ST-ZIP			DELE			ST-ZIP		<del></del>	Change	Addition	<u>_</u>
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STREET ADDRESS						ADDRESS					-
CITY-ST-ZIP						ST-ZIP					
TITLE			DELE			01-2IF		T	Change	Addition	$\dashv$
NAME	Ì			1	NAME			•			1
STREET ADORESS						ADDRESS					

14. Thereby 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.

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

Addition

Addition

**FILED** 

May 12 1998 8:00am