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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400005372 (7)

ALEMBIC INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1509 HOLLEMAN DR. 1509 HOLLEMAN DR. VALRICO FL 33594-7152 VALRICO FL 33594 3a. Date of Last Report 3. Date Incorporated or Qualified 10/17/1994 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1436 BUCKNER RA 1436 BUCKNER Rd 63-1124354 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be VALRICO, ALRICE  $\Box$ 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, USA USA 33514 Yes No 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MCCARTNEY, GEORGIA A A. McCaerner 1509 HOLLEMAN DRIVE **B2** Street Address (P.O. Box Number is Not VALRICO FL 33594 City VAIRICO 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 96/6) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE MCCARTNEY, ROGER A NAME 1.2 NAME 1509 HOLLEMAN DR. STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL CHTY - ST - ZIP 1.4 CITY - ST - ZIP TITLE □ DELETE 21 TITLE Change Addition MCCARTNEY, GEORGIA A 2.2 NAME NAME 1509 HOLLEMAN DR. STREET ADDRESS 2.3 STREET ADDRESS VALRICO FL CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do 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 18 of Chapter 607 attachment with an address

6.4 CITY - ST-ZIP

SIGNATURE:

1497 813-

813-661-333 Daytime Phone

FILED

Jan 22 1997 8:00am

Secretary of State