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

DOCUMENT # F9600004066 (4)

FILED Mar 24 1998 8:00am Secretary of State

1. Corporation ALSTAT		000+000 (4)		
Principal Place of Business Mailing Address				
6 ASPEN COURT BOYNTON BEACH FL 33436 6 ASPEN COURT BOYNTON BEACH FL 33436				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				L '
2. Principal Place of Business		2a, Mailing Address		08/08/1996 4. FEI Number Applied For
21		26		06-0801946 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		SR 75 Additional
27		27		5. Certificate of Status Desired Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intengible
24	25 g. Name and Address of Curre	nt Pagistared Agent	30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		iit negisteren Agerit	81 Nam	
STATKUM, AL				
	SPEN COURT		82 Stree	of Address (P.O. Box Number is Not Acceptable)
ЬО	YNTON BEACH FL 33436		83	
			84 City	FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Stgnature typed or printed name of registered ag			or corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered use required when relications.
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STATKUM, AL		1.2 NAME	
STREET ADDRESS	6 ASPEN COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	☐ DELETE	1.4 CITY-ST-ZIP	Change Addition
TITLE	S CTATIVINA DADDADA	☐ DECEIE	2.1 TITLE	Change L. Adoption
NAME	STATKUM, BARBARA		2.2 NAME	
STREET ADDRESS	6 ASPEN COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33436	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME		- 01011	3.2 NAME	Journal of the state of the sta
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	}
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 epidross.

SIGNATURE:

M ALSTATKUM 3/18/98 364

72E034 (10/97)