

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90194 013 ***150.00

DOCUMENT # F98000006104

1. Corporation Name

ALLEGRO CAPITAL, INC.



Principal Place of Business

3710 INVERRARY DR. SUITE 2T
LAUDERHILL FL 33319

Mailing Address

3710 INVERRARY DR. SUITE 2T
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

65-0850344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 15515

2a. Mailing Address

26 P.O. Box 15515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WEST Palm Beach FL

City & State

28 WEST Palm Beach FL

Zip

24 33416

Country

25 USA

Zip

29 33416

Country

30 USA

9. Name and Address of Current Registered Agent

MEYERS, DOUG

3710 INVERRARY DR, SUITE 2T
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name

Razor EDGE Kendo

82 Street Address (P.O. Box Number is Not Acceptable)

4619 10th Ave N.

83

84 City

Lake Worth

FL

85 Zip Code

33463

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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MEYERS, DOUG
STREET ADDRESS 3710 INVERRARY DR, SUITE 2T
CITY-ST-ZIP LAUDERHILL FL 33319

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.
1.2 NAME Kathy Hunt
1.3 STREET ADDRESS P.O. Box 15515
1.4 CITY-ST-ZIP WEST Palm Beach FL 33416

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

Daytime Phone #

561-686-5796

CR2E034 (11/98)