

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

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AND  
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98 JUN -4 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham, Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G33420** (2)  
1. Corporation Name  
**ALLIED TRANSMISSION SERVICE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
% WILLIAM P. ALTERIO 151 PERRY LANE ENGLEWOOD FL 34223-2943

3. Date Incorporated or Qualified  
**04/15/1983**  
4. FEI Number  
**59-2290498**  
Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**ALTERIO, WILLIAM P.  
151 PERRY LANE  
ENGLEWOOD FL 33533**

10. Name and Address of New Registered Agent  
81 Name **JOHN P. 1220**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**180 NORTH INDIANA AVE**  
83 **SUITE 5**  
84 City **ENGLEWOOD** FL 85 Zip Code **34223**

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 607.0405, Florida Statutes.  
SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALTERIO, WILLIAM P</b>	
STREET ADDRESS	<b>5407 GRINNELL RD</b>	
CITY-ST-ZIP	<b>VENICE, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ALTERIO, ADOLFINE</b>	
STREET ADDRESS	<b>5407 GRINNELL RD</b>	
CITY-ST-ZIP	<b>VENICE, FL 00000</b>	
TITLE	<b>ROBERT ALTERIO</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERT ALTERIO</b>	
STREET ADDRESS	<b>151 W. PERRY LANE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*[Handwritten signature]*

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.

SIGNATURE: *[Signature]* **ROBERT ALTERIO 4/15/98**

CR2E034 (10/97)

Dep. \$150.00