

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G47756** (3)
1. Corporation Name
ALAMO JET, INC.



Principal Place of Business
**2665 OAK RIDGE COURT
FT. MYERS FL 33901
US**

Mailing Address
**2665 OAK RIDGE COURT
FT. MYERS FL 33901
US**

3. Date Incorporated or Qualified **07/07/1983** 3a. Date of Last Report **04/10/1995**

2. Principal Place of Business
21 **2665 OAK RIDGE COURT** 2a. Mailing Address
26 **2665 OAK RIDGE COURT**

4. FEI Number **59-2326071** Applied For
Not Applicable

Suite, Apt. #, etc.
22 **FT MYERS, FL** 27 **FT MYERS, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **FT MYERS, FL** 28 **FT MYERS, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country 24 **33901 U.S.** 29 **33901 U.S.** 30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, DAVID C.
2665 OAK RIDGE COURT
FT. MYERS FL 33901**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **DP**
NAME **BROWN, DAVID C**
STREET ADDRESS **2665 OAK RIDGE COURT**
CITY-ST-ZIP **FT MYERS, FL 00000**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

200001791912

-04/24/96--01011--025

*****200.00**

4.23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment, with an address.

SIGNATURE: *David C Brown* **DAVID C BROWN, PRESIDENT**

4/8/96 941-275-3411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)