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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G72215

U.S. ALA	RMS, INC.								
O.O. ALI						# 10061101 0040 10010 11010 11000 11	21) (KII) 21(1) (KII)		a n a nn 1 11 1
		ha-m. add		_	——	1 106:111 0011 19010 11919 11919 11919 1	OBI BAN GIBN DIB	AL DEBLIE DEBLIE DEL	911 B1511 1881
Principal Place	e of Business	Mailing Address							
2123 PORTER I	AKE DR	PO BOX 2200			- {				
UNIT G STE 190					1	DO NOT WRI	TE IN THIS S	PACE	
SARASOTA FL 34240 SARASOTA FL 34230 US					F	3. Date Incorporated or Qualifed			
US					- 1	11/21/1983			}
<u>.</u>						4. FEI Number		1 1 4 nn	lied For
2. Principal Pi	ace of Business	2a. Mailing Address			ĺ				
21 26						<u>59-2345371</u>			Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 Ac	
27									
City & State City & State					1	6. Election Campaign Financing		\$5.00 N	• (
23	_	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	/	*	8. This corporation owes the cur	rent year Intar	ngible	
24	25	29 - 3	0		1	Personal Property Tax.			No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	gent	
			81	Name					
DUMBAUGH, JOHN D.						(D.O. Davidson in National	-blo)		
SYPRETT MESHAD RESNICK & LIEB, P.A.				Street	Address	(P.O. Box Number is Not Accept	able)		
1900 RINGLING BLVD.				1					
SARASOTA FL 34236			83						
SARAGOTA I E 07200				City				85 Zip C	ode
ļ							FL		
11. Pursuant to the provisions of Sections 607,0502 and 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									egistered istered
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.									
i							•		1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature re	required wh	en reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	
TITLÉ	DPT	☐ DELETE	1,1 TITLE					Change	☐ Addition
NAME	BACON, GERALD L		12 NAME					4	
STREET ADDRESS	5721 PALMER BOULEVARD		13 STREE	T ADDRESS	175	19 N.LEEYNAI DI	2., SARA	1507 H	
1	SARASOTA, FL 00000		€4 CITY-S		F	LA. 34240			
CITY-ST-ZIP	SV	☐ DELETE	21 DHE	31-2F	- 6	· V ·		Change	Addition
TITLE			1	5				_	_ (
NAME	BACON, MICHELE D		22 NAME		↓ √ &	NNIFER BACON	_		}
STREET ADDRESS	5721 PALMER BOULEVARD		23 STREE	TADDRESS	75%	LA. 34240 WAYNX	1 DR., S	HASO7	, A
CITY-ST-ZIP	SARASOTA, FL 00000		2.4 CITY-	ST-ZIP	12	LA. 34240 1			
TITLE		☐ DELETE	3.1 TITLE		1			☐ Change	Addition
NAME			3.2 NAME		1				į
STREET ADDRESS			3.3 STREE	TADDRESS					,
CITY-ST-ZIP			3.4, CITY-					بجخسب	ا
CHY-SI-ZIP		DÉLETE	4.1 TITLE	01-21		·		Change	☐ Addition
1-1110			4.2 NAME				ند	تست	
NAME					1				į
STREET ADDRESS			1	TADDRESS	1				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	 				Addition
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS	1				ĺ
CITY-ST-ZIP			5.4 CITY- 8	ST-ZIP					.,
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
ł			6.3 STRFF	T ADDRESS					ļ
STREET ADDRESS	i				1				š

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP