Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90033 007 ***150.00

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

DOCUMENT # H13052

 Corporation 	Name							
ALCO ASSOCIATES, INC.								
1.2007.0						I FRACESI ALAL INAAA ISHI ERIAL AHAR SIAN AH	ANI ANSIN ANSIR BUSH Y	ALAIR BIBNI IBBI
Principal Place	of Business	Mailing Address		_		- I FREIREI MINI (IN AN IIII) ARINI NEIIA (IN: DI	141 - Albii - A fbit - Bibii	#1011 0 1011 1001
ALCO ASSOCIATES, INC 6290 66TH STREET NORTH								
6280 66TH STREET NORTH PINELLAS PARK FL 33781								
PINELLAS PARK FL 33781 US						DO NOT WRITE IN T	HIS SPACE	
US						3. Date Incorporated or Qualifed		
						07/19/1984		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	pplied For		
21	26				59-2494947		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27		<u></u>		Fee.Re		
City & State	•	City & State			6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	_ Country	у		8. This corporation owes the current year		
24	25		30			Personal Property Tax.	☐Yes	⊒ No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Register	ed Agent	
	ED LIEUDY A		81	Name		•		
MALLER, HENRY A			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
6280 66TH STREET NORTH			L					
PINE	LLAS PARK FL -34605 — <i>337</i>	81	83	3				
			84	City			85 Zip	Code
				1			=L `` ``	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	/e-named	corpo	ration submits this statement for the purpose is board of directors. I hereby accept the ap-	of changing its	s registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut tions of Section 607 0505. Florid	horized by ta Statute	y the corp s.	oration	is board of directors. I hereby accept the ap-	pointment as re	gistered
] "	it fairlinar with, and accept the obligat	2010 01, 000001 001.0000, 1 10110		.				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Age	ent signature i	required v	when reinstating) DATE		
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TILE	D □ DELETE 1.1 π		1.1 TITLE				☐ Change	Addition
NAME	MALLER, ALLAN		1.2 NAME					į
STREET ADDRESS			1.3 STREE	T ADDRESS				,
CITY-ST-ZIP	CUICLA A DADY CI		1.4 CITY-1	ST-ZIP				
TITLE	P	DELETE 2.11					☐ Change	Addition
NAME			2.2 NAME					
1 1	6280 66TH ST N			ET ADDRESS			•	
DINICH AC DADY EL			2.4 CITY-					_
CITY-ST-ZIP			3.1 TITLE	31-ZP	 		Change	☐ Addition
TITLE			3.2 NAME		1		-	
NAME :								
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-		<u> </u>		Change	Addition
Įπtue		- DELETE	4.1 TITLE			<u>.</u>		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-		ļ.—		Change	☐ Addition
TITLE		☐ De leté	5.1 TITLE		}	•	Change	
NAME			5.2 NAME					ļ
STREET ADDRESS		•	1	ET ADDRESS		•		
CITY-ST-ZIP			5.4 CITY-					
TITLE	. DELETE 6.11		6.1 TITLE			•	☐ Change	☐ Addition
NAME	į .		6.2 NAME			•		ļ
OTDEET ADODESS		•	6.3 STREI	ET ADDRESS				

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 acceiver of trustee ampowered 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:

STREET ADDRESS

C/TY+ST-ZIP