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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 🕨 🏄

DIVISION OF CORPORATIONS

ROCUMENT #1. Corporation Name

H68542

ALLEDORT CORPORATION

Principal Place of Business

Mailing Address

1164 E OAKLAND PK BLVD FT LAUDERDALE FL 33334

SAME

| 21 26 59-2576186 7 Suite, Apt. #, etc. 22 27 5. Certricate of Status Dosired XX 58.75 22 27 6. Election Campaign Financing \$5.00 23 7 | 1996 Applied For Not Applicable Additional Required May Be to Fees |
|--|--|
| 21 26 59-2576186 7 Suite, Apt. #, etc. 22 27 5. Certricate of Status Desired XX 58.75 22 6. Election Campaign Financing Trust Fund Contribution Added 23 7 | Not Applicable Additional Required D May Be 1 to Fees s. 199.032. |
| Suite, Apt. #, etc. 22 City & State City & State City & State 28 Country 29 Country 29 Country 29 Country 29 Country 29 Country 20 Country 20 Country 20 Country 21 Country 22 Country 23 Country 24 25 29 30 Country 30 Florida Statutes Country 40 Country 41 Country 42 Country 43 Country 45 Country 46 Country 47 Country 48 This corporation has liability for intangible tax under Florida Statutes All Name (SAME AS LAST FILING) 81 Name Country 81 Name Country 82 Street Address (P.O. Box Number is Not Acceptable) | Additional Required May Be of to Fees s. 199.032. |
| 27 City & State City & State 28 Country 29 Country 29 Country 29 Country 29 Country 29 Country 20 Country 20 Country 20 Country 21 Country 22 Country 30 Country 30 Country 40 Florida Statutes 40 Florida | Required May Be to Fees s. 199.032. |
| City & State City & State 28 City & State 28 Country Country Country Country Country Country Shame and Address of Current Registered Agent (SAME AS LAST FILING) City & State City & State City & State Country Country B. This corporation has liability for intangible tax under Florida Statutes Florida Statutes No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) | May Be to Fees s. 199.032. |
| 28 Trust Fund Contribution Added Zip Country Zip Country 8. This corporation has liability for intangible tax under 24 25 29 30 Florida Statutes X Yes No 9. Name and Address of Current Registered Agent 81 Name (SAME AS LAST FILING) 82 Street Address (P.O. Box Number is Not Acceptable) | f to Fees s. 199.032. |
| Zip Country Zip Country 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent (SAME AS LAST FILING) 8. This corporation has liability for intangible tax under Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | s. 199.032, |
| 24 25 29 30 Florida Statutes X Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent (SAME AS LAST FILING) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | Code |
| (SAME AS LAST FILING) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | Code |
| (SAME AS LAST FILING) 82 Street Address (P.O. Box Number is Not Acceptable) | Code |
| Silver / National Individual Control of the Control | Code |
| | Code |
| RICHARD J. TRODELLA | Code |
| 1164 E. OAKLAND PARK BLVD. | Code |
| FT.LAUDERDALE, FL 33334 84 City 185 Zit | |
| | |
| 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 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 a agent. I am families with, and accept the obligations of florida Statutes. | its registered s registered |
| SIGNATURE Signalule typed or printed namic of registering agent and title if applicabile (NOTE Registered Agent signature recovered whom reinstating) (NOTE Registered Agent signature recovered whom reinstating) | · · |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | |
| TITLE DP DELETE 111TLE Change | Addition |
| NAME GEORGE P TRODELLA 12 NAME | |
| STREET ADDRESS 1164 E OAKLAND PK BLVD 13 STREET ADDRESS | |
| CHY-SI-ZIP FT LAUDERDALE FL 33334 1.4 CHY-SI-ZIP | |
| TITLE DV L.J DELETE 21 TITLE Change | Addition |
| NAME RICHARD J TRODELLA 22 NAME | |
| STREET ADDRESS 1164 E OAKLAND PK BLVD 23 STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL 33334 2.4 CITY-ST-ZIP | |
| TITLE DELETE 3.1 TITLE 1 Change | Addition |
| NAME CLAIRE D TRODELLA 32 NAME | |
| STREET ADDRESS 1164 E OAKLAND PK BLVD 3.3 STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL 33334 34.CITY-ST-ZIP | |
| TITLE LIDELETE 411HUE Change | ☐ Addition |
| NAME 4 2 NAME | l |
| STREET ADDRESS 4 3 STREET ADDRESS | |
| CITY-ST-ZIP 44 CITY-S1-ZIP | |
| TITLE DILETE 5 1 TITLE | Addition |
| NAME 52 NAME | |
| STREET ADDRESS 53 STREET ADDRESS | Ī |
| CITY-ST-ZIP 54 CITY-ST-ZIP | |
| TITLE DELETE 61 TITLE 1 TO 1 T | Addition |
| NAME 10002213201 -06/16/9701116013 | |
| \$TREET ADDRESS | |
| CITY-ST-ZIP 64 CITY-ST-ZIP | |

I not nereby 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 arrival 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:

Rolun Brolell

APR 30 1997

(954)524-3300

FILED

Jun 11 1997 8:00am

Secretary of State