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 # **H95996**

1. Corporation Name

ALTO COMBUTED SERVICES INC

	DWIFUTEN SERVICES, INC.							
Principal Place	e of Business	Mailing Address				- I I MANANT MITA I MINI ANTO PARTO I MINI ANTO	######################################	1 A(D)(A)81) (AB)
% THOMAS C.	WALSER	% THOMAS C. WALSER						
7015 BERACASA WAY #201 7015 BERACASA		7015 BERACASA WAY #2				DO NOT WRITE IN	THIS SDACE	
BOCA RATON FL 33433 BOCA RATON FL 33433			•			3. Date Incorporated or Qualifed	THIS SPACE	
						01/24/1986		1
3 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	17/	Applied For
-		26				59-2760661	⊢	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	,	27				5. Certifcate of Status Desired	Fee I	Required
City & State	8	City & State				6. Election Campaign Financing	\$5.0	May Be
23		28	تنثن سنهج			Trust Fund Contribution	Adde	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current ye		~
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New Regist	ered Agent	
WAI:	SER, THOMAS C.			Name	,			
	BERACASA WAY #204 PLAZA 2	STE. 204		82 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
	A RATON FL 33433			83				
				83				
	•			84 City			FL 85 Zig	Code
		and 607 4500 Florida State	too the el		d como	ration submits this statement for the purpo		ts registered
office or n	enistered agent, or both, in the State c	if Florida, Such change was :	authorized	by the cor	poration	n's board of directors. I hereby accept the	appointment as	registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, F	orida Stati	ites.)
SIGNATURE								
	Signature, based or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature	required :	when reinstating) DA	TE ·	
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	Agent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFICER		FORS IN 12
12.					e required t			
	OFFICERS AND	DIRECTORS	13.	LE	required t		RS AND DIREC	
TITLE	OFFICERS AND	DIRECTORS	13. 1.1 TII 1.2 NA	LE	<u></u>		RS AND DIREC	
TITLE NAME	OFFICERS AND DPT WALSER, BARBARA M.	DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	LE ME	<u></u>		RS AND DIRECT	Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DPT WALSER, BARBARA M. 7015 BERACASA WAY #204	DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	LE ME REET ADDRÉSS Y-ST-ZIP	<u></u>		RS AND DIREC	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPT WALSER, BARBARA M. 7015 BERACASA WAY #204 BOCA RATON FL	D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	LE ME REET ADDRÉS: Y-ST-ZIP LE	<u></u>		RS AND DIRECT	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPT WALSER, BARBARA M. 7015 BERACASA WAY #204 BOCA RATON FL AS WALSER, THOMAS C. 7015 BERACASA WAY #204	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CC 2.1 TIT 2.2 NA	LE ME REET ADDRÉS: Y-ST-ZIP LE	s		RS AND DIRECT	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPT WALSER, BARBARA M. 7015 BERACASA WAY #204 BOCA RATON FL AS WALSER, THOMAS C.	D DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE	s		RS AND DIREC Chang	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DPT WALSER, BARBARA M. 7015 BERACASA WAY #204 BOCA RATON FL AS WALSER, THOMAS C. 7015 BERACASA WAY #204	D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	s		RS AND DIRECT	Addition Addition
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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:

STREET ADDRESS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90044 005 ***150.00