

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 # J11026 (8)

1. Corporation Name

ALEMOR INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

C/O ROBERT E. MORRIS
4016 HENDERSON BLVD
TAMPA FL 33629

C/O ROBERT E. MORRIS
4016 HENDERSON BLVD
TAMPA FL 33629

3. Date Incorporated or Qualified

04/24/1986

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

59-2677682

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

MORRIS, ROBERT E.
4016 HENDERSON BLVD
TAMPA FL 33629

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 607.0505, Florida Statutes.

SIGNATURE

Signature type is provided on the following page. If the signature is not provided, the signature must be typed. If the signature is not provided, the signature must be typed. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PST

DELETE

NAME

MORRIS, ROBERT E.

STREET ADDRESS

4016 HENDERSON BLVD

CITY-STATE-ZIP

TAMPA FL

TITLE

D

DELETE

NAME

MORRIS, ROBERT E

STREET ADDRESS

4016 HENDERSON BLVD

CITY-STATE-ZIP

TAMPA FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 recorder 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 in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

813-289-4009

FILE

DATE OF FILING

CR2E034 (12/95)