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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J11026

1. Corporation Name
ALEMOR INTERNATIONAL, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5020 W. Cypress St.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Tampa, FL

24 Zip 33607 25 Country USA

2a. Mailing Address

26 5020 W. Cypress St.

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Tampa, FL

29 Zip 33607 30 Country USA

9. Name and Address of Current Registered Agent

MORRIS, ROBERT E.
4016 HENDERSON BLVD
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name Robert E. Morris

82 Street Address (P.O. Box Number is Not Acceptable)

5020 West Cypress St.

83 Suite 200

84 City Tampa

FL

85 Zip Code 33607

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 Robert E. Morris, R.A.

(NOTE: Registered Agent signature required when reinstating)

1/5/99

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME MORRIS, ROBERT E.

STREET ADDRESS 4016 HENDERSON BLVD

CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME MORRIS, ROBERT E

STREET ADDRESS 4016 HENDERSON BLVD

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME Robert E. Morris

1.3 STREET ADDRESS 5020 W. Cypress St., Ste. 200

1.4 CITY-ST-ZIP Tampa, FL 33607

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Robert E. Morris

2.3 STREET ADDRESS 5020 W. Cypress St., Ste. 200

2.4 CITY-ST-ZIP Tampa, FL 33607

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Morris, Pres.

Date

1/5/99

Daytime Phone #

(813) 289-0440

CR2E034 (1/98)