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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

J68066

(6)

ALSAX CORPORATION

Principal Place	o of Business	Mailing Addr	ess						[]	
		P.O. BOX 1045 P. O. BOX 1045 Gainesville FL 32602-8045				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Inco	orporated or Qualified /1987			
2. Principal Pi 21	ace of Business	2a. Mailing Address 26				4. FEI Numi	ber 784356		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.				e of Status Desired		\$8.75 Additional Fee Required	
City & State		Cily & Sta	City & State			1	Campaign Financing nd Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	-¬ ' ' ' ' ' '				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
ALMOND, GARY R. 504 SE WILLISTON RD					Name					
GAINESVILLE FL 32601				82	Street Addre	freet Address (P.O. Box Number is Not Acceptable)				
				83	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, typed or puriled none of registered agent and title if applicable. (NOTL Registered Agent signature required when reinstating) DATE										
Signature, typed or printed none of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OF LICERS AND DIRECTORS IN 12.										
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										

DELETE TITLE 1.1 TITLE **SAXON, COLE L. JR.** NAME 1.2 NAME **188 TURKEY CREEK** STREET ADDRESS 1.3 STREET ADDRESS ALACHUA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ALMOND, GARY R. NAME 2.2 NAME **504 SE WILLISTON RD** STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 51 THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 of 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 all terminal with an address.

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FILED

May 05 1998 8:00am

Secretary of State

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