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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 21 1997 8:00am Secretary of State

OCUMENT # <b>J85591</b> Corporation Name  ALOF, INC.	(2)				
ncipal Plane of Business. O NE 44TH ST HTHOUSE POINT FL 33064	Mailing Address  2850 NE 44TH ST LIGHTHOUSE POINT FL US	33064-7284	1   1003  110 0506   1010) 01104 01110 10100 1161	BIIQ(1 81811 BIBI) 91811 6181	1 LIDIS 16 <b>2</b> 1
	00		3. Date Incorporated or Qualified 08/04/1987	3a. Date of Last F 05/01/1996	Report
Principal Hace of Business	2a. Mailing Address		4. FEI Number		pplied For
,	26		58-1747681		lot Applicable
Suite, Apr. #, etc.	Snite, Apt #, etc.	1.00	5. Certificate of Status Desired	7	Additional lequired
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	-	May Be to Fees
Žip Country	Zφ	Country	8. This corporation has liability for		
25   9. Name and Address of Current	29  Registered Agent	30	10. Name and Address of New Re		
XL CORPORATE SERVICES, INC.		81 Name			
4435 OLD WINTER GARDEN ROAD 344 OFFICE PLAZA		B2 Street Ac	ddress (P.O. Box Number is Not Acceptate	ble)	
ORLANDO FL 32811		83			· · · · · · · · · · · · · · · · · · ·
		84 City		FL 85 Zip	Code
Pursuant to the provisions of Sections 007 0502 office or registered agent or both, viithe State of agent if an fair for with, and accept the original	f Florida. Such change was	authorized by the corpo	ration's board of directors. I hereby acces	of the appointment as	s registered
- адельтанный засыны, алагаахарыне өөндөг	io is di, sectio i con osos,	Florida Statutes.			•
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	ced title 4 up pricable (V)	DIE Registered Agents gnature re		DATE	
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4. For hereby corresponding the internation supplied with this filling coes not qualify for the exemption stated in Section (19.07(3))), norder statutes. Further certify that the information indicated on this annual report or supplication in the true and accurate and that my signature shall have the same legal effect as if made under oath; that Laman officer or director of the cognization 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 phanged, or divantation with an address.

SIGNATURE: SIGNATURE SIGNATURE OF PRINTED HAME OF SIGNATURE OF DIRECTOR

1/15/97

Daylime Prione ★ 0148530