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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J94753

Country

9. Name and Address of Current Registered Agent

25

ALLEY, THOMAS

(7)

T.K. ALLEY, INC.

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

Principal Place of Business 1991 B TIGERTAIL BLVD DANIA FL 33004 IIS

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

1991 B TIGERTAIL BLVD DANIA FL 33004 US FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 09/25/1987

59-2382528

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

| 1991 B TIGERTAIL BLVD   |                       |           | 82            | 82 Street Address (P.O. Box Number is Not Acceptable) |   |        |  |
|---|-----------------------|-----------|---------------|---|---|--------|--|
| DANIA FL 33004  |                       |           | 83            |   |   |        |  |
|   |                       |           |               |   |   |        |  |
|   |                       |           | 84            | City  | 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE  |                       |           |               |   |   |        |  |
| 12.   | OFFICERS AND DIRECTOR | AS DELETE | 13.           |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |        |  |
|   |                       | ET DECEIE | 1.1 TITLE     |   | ☐ Change ☐ Ad                                     | aidor  |  |
| NAME  | ALLEY, THOMAS         |           | 1.2 NAME      |   |   |        |  |
| STREET ADDRESS  | 1991 B TIGERTAIL BLVD |           | 1.3 STREET    | ADDRESS   |   | Įį     |  |
| CITY-ST-ZIP   | DANIA FL              |           | 1.4 CITY-S    | 1-21P   |   |        |  |
| TITLE   | D                     | ☐ DELETE  | 2.1 TITLE     |   | Change Ad   | dition |  |
| NAME  | ALLEY, BETTY          |           | 2.2 NAME      |   |   |        |  |
| STREET ADDRESS  | 1991 B TIGERTAIL BLVD |           | 2.3 STREET    | ADDRESS   |   | ł      |  |
| CITY-ST-ZIP   | Dania Fl              |           | 2. 4 CITY-S   | T-ZIP   |   |        |  |
| TITLE   |                       | ☐ DELETE  | 3.1 TITLE     |   | Change Ad   | dition |  |
| NAME  |                       |           | 3.2 NAME      | Į   |   |        |  |
| STREET ADDRESS  |                       |           | 3.3 STREET    | address   |   |        |  |
| CITY-ST-ZIP   |                       |           | 3.4. CITY - S | T-ZIP   |   | -      |  |
| TITLE   |                       | DELETE    | 4.1 TITLE     |   | Change Adi  | dition |  |
| NAME  |                       | j         | 4, 2 NAME     |   |   | į      |  |
| STREET ADDRESS  |                       |           | 4.3 STREET    | ADDRESS   | ·   | i      |  |
| CITY-ST-ZIP   |                       |           | 4.4 CITY-ST   | - ZIP   | <b>}</b>  |        |  |
| TITLE   |                       | DELETE    | 5.1 TITLE     | ,   | Change Add  | dition |  |
| NAME  |                       |           | 5.2 NAME      |   |   |        |  |
| STREET ADDRESS  |                       |           | 5.3 STREET    | address   |   | -      |  |
| CITY-ST-ZIP   |                       | i         | 5.4 CITY-ST   | -ZIP  |   | l      |  |
| TITLE   |                       | ☐ DELETE  | 6.1 TITLE     |   | Change Add  | fition |  |
| NAME  |                       |           | 6.2 NAME      |   |   |        |  |
| STREET ADDRESS  |                       |           | 6.3 STREET A  | DORESS  |   |        |  |
| CITY-ST-ZIP   |                       |           | 6.4 C/TY-ST   |   |   |        |  |
| 14. I hereby certify that the information supplied with this filling 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. |                       |           |               |   |   |        |  |

Country

81 Name

30

SIGNATURE: Letter

Little Ollow RECHYPALLEY

01/23/98

954-920-0300