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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

FILED

02-23-1999 90063 039 ***150.00

DOCUMENT # K65351

1. Corporation Name

ALVERN ENTERPRISE INC.

Principal Place of Business # ALFRED CLARKE 300 SW 2ND AVE 30 SUBJECT SW 3ND AVE 40 SUBJECT SW 3ND SW 3ND AVE 50 SUBJECT SW
SODO SW 2ND AVE SODO SW 2ND AVE FT LAUDERDALE FL 3315 SODO SW 2ND AVE SOUTH AVE
3000 SW 2ND AVE FT LAUDERDALE FL 3315 US 2. Principal Place of Business 2. A. Mailing Address 2. Suite, Apt. #, etc. 3. Date incorporated or Qualifed 01/11/1989 4. FEI Number 65-0162257 Not Applied For N
3. Date Incorporated or Qualifed 01/11/1989 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualifed 01/11/1989 4. FEI Number
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City & State Trust Fund Contribution Registered Agent Trust Fund Contribution Registered Agent State Country Solution Name and Address of Current Registered Agent CLARKE, ALFRED 1736 NW 91ST AVE PLANTATION FL 33322 Registered Agent City City FL Registered Agent Registered Agent Signature, 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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent ared life if applicable. ROTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent ared life if applicable. ROTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CLARKE, ALFRED RADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 RADITIONS/CHANGES TO OFFICERS AND DIREC
23 FT. LAUDERDALE, FL 28 FT. LAUDERDALE, FL Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CLARKE, ALFRED 1736 NW 91ST AVE PLANTATION FL 33322 81 Name 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addit Added to Fees Trust Fund Contribution To Name Trust Fund Contribution To Name Trust Fund Contribution To Name
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9. Name and Address of Current Registered Agent CLARKE, ALFRED 1736 NW 91ST AVE PLANTATION FL 33322 81 Street Address (P.O. Box Number is Not Acceptable) 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 agent, and 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 alignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D Change Additional Agent and Address of New Registered Agent 81 Name CLARKE, ALFRED 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 15. NOTE: Registered Agent alignature required when reinstating) DATE 16. OFFICERS AND DIRECTORS IN 12 Change Additional Agent and title if applicable. 17. OFFICERS AND DIRECTORS IN 12 CHARKE, ALFRED
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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: