

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

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05-10-1999 90268 016 \*\*\*150.00

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K96932 ✓  
1 Corporation Name  
American Life Resources Corporation

Principal Place of Business

830 WASHINGTON AVE  
4TH FLOOR  
MIAMI BEACH FL 33139  
US

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1995 6/21/1989

4. FEI Number

65-0179829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 1680 MICHIGAN AVE

2a. Mailing Address

26 1680 MICHIGAN AVE

Suite, Apt. #, etc.

22 SUITE 701

Suite, Apt. #, etc.

27 SUITE 701

City & State

23 MIAMI BEACH FL

City & State

28 MIAMI BEACH FL

Zip

24 33139 25 DADE

Zip

29 33139 30 DADE

9. Name and Address of Current Registered Agent

PORTER, HELEN  
830 WASHINGTON AVE.  
4TH FLOOR  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

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 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

Helen Porter

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

6/3/99

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE

NAME SIMON, STEVEN  
STREET ADDRESS 830 WASHINGTON AVE., 4TH FLOOR  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE SCOO ☐ DELETE

NAME PORTER, HELEN  
STREET ADDRESS 830 WASHINGTON AVE., 4TH FLOOR  
CITY-ST-ZIP MIAMI BEACH FL 33139

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Helen PORTER

4/28/99

305-673-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #