

5-14-98 B-7302c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L18796 (7)
 1. Corporation Name
ALLEY & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3211 19A STE B PALM HARBOR FL 34683 US

Mailing Address
PO BOX 897 PALM HARBOR FL 34682-0897 US

3. Date Incorporated or Qualified
09/25/1989

4. FEI Number
59-2976187

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business
21 50 South Belcher
 Suite, Apt. #, etc.
22 # 111
 City & State
23 Clearwater, FL
 Zip Country
24 33765 25 Pinellas

2a. Mailing Address
26 50 South Belcher
 Suite, Apt. #, etc.
27 # 111
 City & State
28 Clearwater, FL
 Zip Country
29 33765 30 Pinellas

9. Name and Address of Current Registered Agent
ALLEY, BARBARA
3211 ALTERNATE 19 SUITE B
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 Suite 111
B4 City **Clearwater** **FL** **B5 Zip Code** **33765**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEY, DAVID I.	1.2 NAME	
STREET ADDRESS	3211 ALTERNATE 19 SUITE B	1.3 STREET ADDRESS	50 S. Belcher, Suite 111
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE	DST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEY, BARBARA	2.2 NAME	
STREET ADDRESS	3211 ALTERNATE 19 SUITE B	2.3 STREET ADDRESS	50 S. Belcher, Suite 111
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Clearwater, FL 33765
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Barbara Alley* 4-29-98 812/417-1700

CR2E034 (10/97)