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1997

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FLORIDA DEPARTMENT OF STATE

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May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

 Corporation 		(4)				
IHE ALI	STER GROUP, INC.					
rincipal Plac	e of Business	Mailing Address		- 1 HOOTERS DOD HAN COURT HAND WHO DIS	I ALBIT ON HE CLOSE T	IBN BIBN BIBN IBD
5 JOKINEN. JULIE % JOKINEN. JULIE 74-B SEMORAN COMMERCE PLACE STE 125 1575 BELFAST CT POPKA FL 32703 APOPKA FL 32712-2025						
\$		US		3. Date Incorporated or Qualified	i	Last Report
Principal I	lace of Business	2a. Mailing Address		12/18/1989 4. FEI Number	05/01/	Applied For
1 2/0	NOWY JUKINEN	26 10 NORM	JOKINEN	59-2980405		Not Applicab
Suite, Apt	#, etc. 75 BELFAST CT.	Suite, Apt. #, etc. 27 P.O. BOX		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & Sta	OPKA, FL	City & State 28 APOPKA	FL	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip Jil	7/2- 25 USA	29 32704	Country 30 USA	8. This corporation has liability for Florida Statutes	intangible tax i	
	9. Name and Address of Curren			10. Name and Address of New Re	egistered Ager	nt
HENRICKSON, CATHY J			81 Name	81 Name		
1427-D OAK PLACE			82 Street Add	fress (P.O. Box Number is Not Acceptat	ble)	
APA	PKA FL 32712		83		.	
			94 63			-1 7:0 Codo
			84 City		FI 85	Zip Code
1. Pursuarit	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	les, the above-named corp	poration submits this statement for the		nging its registere
				poration submits this statement for the pation's board of directors. I hereby accelulated when reinstating)		nging its registere nent as registered
HGNATURE	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga Synatus, typed or prined name of registered age OFFICERS AND	nt and title if applicable. (NO)	ies, the above-named corp authorized by the corpora orida Statutes. (E. Registered Agent signature requi-		purpose of cha pt the appoints DATE CERS AND DIF	ECTORS IN 12
ignature 2.	Signature, typed or printed name of registered ager OFFICE RS AND	nt and title if applicable. (NO	E: Registered Agent signature requi	ulred when reinstating)	purpose of cha pt the appoints DATE CERS AND DIF	
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