

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90174 026 ***150.00

DOCUMENT # L37386

1. Corporation Name
THE ALISTER GROUP, INC.

Principal Place of Business

~~% JOKINEN, NORM~~ DELETE
1575 BELFAST CT
APOPKA FL 32712
US

Mailing Address

~~% JOKINEN, NORM~~ THE ALISTER GROUP
P O BOX 4382
APOPKA FL 32704
US

2. Principal Place of Business

21 55 E. OAK STREET

Suite, Apt. #, etc.

22

City & State

23 APOPKA

Zip

24 32712

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HENRICKSON, CATHY J
1427-D OAK PLACE
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1989

4. FEI Number

59-2980405

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JOKINEN, NORMAN M.

STREET ADDRESS 1575 BELFAST CT

CITY-ST-ZIP APOPKA FL

TITLE TD ☐ DELETE

NAME HENRICKSON, CATHY J.

STREET ADDRESS 1427 D OAK PL

CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME JONES, F. SHELTON, JR.

STREET ADDRESS 5480 PARK VALE BLVD.

CITY-ST-ZIP WINTER PARK FL

TITLE VSD ☐ DELETE

NAME JULIE JOKINEN

STREET ADDRESS 1575 BELFAST CT

CITY-ST-ZIP APOPKA FL

TITLE V ☐ DELETE

NAME LEN JORDAN

STREET ADDRESS P.O. BOX 4382

CITY-ST-ZIP APOPKA, FL 32704

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:

Cathy Henrickson TREASURER

Date

Daytime Phone #

CR2E034 (11/98)