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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

L55793

(8)

ALTUT, INC.

Mailing Address

Principal Place of Business

FILED Jan 22 1998 8:00am Secretary of State



| 408-1618T- | | C/O ALLEN J. POLON | | | | |
|--|--|---|-----------------------|---|---------------------------------------|--|
| | AVENUE: 408 161 ST-AVENUE NI BEACH FL 33708 REDINGTON BEACH FL 33708 | | | DO NOT WRITE IN T | DO NOT WRITE IN THIS SPACE | |
| | | , | | 3. Date Incorporated or Qualified | | |
| | | | | 03/05/1990 | | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 64 | 50 3rd PALM Poin | T 26 6450 3rd | PALM POIN | ナ 59-2995632 | Not Applicable | |
| Suite, Apt | l.#, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | 5. Commodite of Otalios Desired | Fee Required | |
| City & Sta | | City & State | و مساد و مرا | 6. Election Campaign Financing | \$5.00 May Be | |
| | ETE BEACH, FL | 28 ST. PETE B | | Trust Fund Contribution | Added to Fees | |
| Zip 24 337 | O6 25 11 5 A | 33706 | Country 30 USA | 8. This corporation owes or has paid the | | |
| | a Name and Address of Curre | ant Bankstoned Agent | 30 WSA | Personal Property Tax due June 30. 10. Name and Address of New Registe | Yes No | |
| POLONE ALL PALL | | | | | | |
| 408 1816T AVENUE SAME NAME SAME NAME STREET AND STREET | | | | | | |
| REDINGTON BEACH FT 33708 | | | | | | |
| B3 B43 J10 TV | | | | | | |
| NEW ADV. | | | | | | |
| İ | 110 | _ | 84 City | ST. PETEBEACH 1 | FL 85 Zip Code 33706 | |
| 1. 11. PURSURAL ID IDE DIDVISIONS OF SECTIONS OF A PARTIE AND ADDITIONAL PROPERTY OF A PARTIE AND ADDITIONAL AND ADDITIONAL ASSESSMENT OF A PARTIE AND ADDITIONAL ASSESSMENT ASSESS | | | | | | |
| l office or | registered agent or both in the Stat | io of Florida. Such change was au | ithorized by the corn | corporation's doministries statement for the purpos coration's board of directors. I hereby accept the | appointment as registered | |
| agent. I am familiar with, and accopt the obligations of, Section 607.0505, Florida Statules. | | | | | | |
| SIGNATURE Signature, typed or printed name of registored agent and title if applicable (NOTE Registered Agent is gnature required when reinstating) DATE | | | | | | |
| 12. | OFFICERS AT | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 | |
| TITLE | PDS | ☐ DELETE | 1.1 TITLE | PRESIDENT | Change | |
| NAME | POLON, ALLEN | | 1.2 NAME | ATT POLON, ALLEN | | |
| STREET ADDRESS | -408-1619T-AVENUE | | 1.3 STREET ADDRESS | 6450 3-L PALM POI | ルナ | |
| CITY-ST-ZIP | _REDINGTON BEACH FL | | 1.4 CITY - ST - ZIP | PRESIDENT ALL POLON, ALLEN 6450 3-L PALM POI ST. PETE BEACH, I | FL 33706 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 23 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2 4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 31 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | The second | 3.4. CITY - ST - ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TiTL€ | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | ľ | |
| CITY-ST-ZIP | | Dougt. | 4.4 CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | |
| TITLE | | LL DELETE | 5 1 THTLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | T prieze | 5.4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | and the the information | The Hole Character and a service of the service of | 6.4 CITY-ST-ZIP | 1.00 | | |
| TALL DETECTAL | Ceruiy macine injoimation succited v | viin uus tiiina aaes not onabty for. | ine exemption stated | Lin Section 119 07(3)(i) Florida Statutes, Lituribe | ir certify that the information | |

indicated on this annual report or supplied with this liming does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 trusted 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.

Polar Will I