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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L55793 1. Corporation Name

ALTUT, INC.

**FILED** Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90055 034 \*\*\*150.00

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Principal Place of Business	Mailing Address			C sometider dat Atras giver randa randa tive brake myer atras ander arbit 100%			
6450 3RD PALM POINT ST. PETE BEACH FL 33706 US	6450 3RD PALM POINT 408 161ST AVENUE ST. PETE BEACH FL 33706 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
2. Principal Place of Business	2a. Mailing Address			03/05/1990 4. FEI Number			
<b>¬</b> ·	<u></u>			•••••••••••••••••••••••••••••••••••••••	$\vdash$	Applied For	
21 S. Ha And H and	26			59-2995632		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required	
Citý & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25		ountry		This corporation owes the current year Inta Personal Property Tax.			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
POLON, ALLEN J.	~; <u>, , , , , , , , , , , , , , , , , , ,</u>	81	Name				
ST. PETE BEACH FL 33706		82	Street Address (P.O. Box Number is Not Acceptable)				
		83				4	
		84	City	FL	85	Zip Code	
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the	7,0502 and 607,1508, Florida Statutes, the State of Florida: Such change was authorize	above	-named corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	hangin tment a	g its registered 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE POLON, ALLEN NAME 1.2 NAME 6450 3RD PALM POINT 1.3 STREET ADDRESS STREET ADDRESS ST. PETE BEACH FL 33706 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition 13 de la 18 3.2 NAME 感取得现代的 STREET ADDRESS 3.3 STREET ADDRESS 至本學院質問 中心 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Addition TITLE Change 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE TITLE ☐ Change ☐ Addition 6450 THE F. S NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 for supplier with the first part of the corporation 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:

CR2E034 (11/98)