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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L78466 1. Corporation Name

ALVAREZ & COMPANY, INC.

Principal Place of Business 10000 SARVES DAIVE

Mailing Address 503 BARNES DRIVE

| TAMPA-PARAGO Brandon Thy 3354 | BRANDON F 33511 US | | | DO NOT WRITE IN T | THIS SPACE | |
|--|--|-------------------|----------------------|--|---------------|--------------|
| | US | | | 3. Date Incorporated or Qualifed | 0. 702 | |
| · | | | | 06/07/1990 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | _ | 4. FEI Number | App | lied For |
| 21 | 26 | | | 59-3009705 | Not | Applicable |
| Suite, Apt. #, etc. | _ ـــــSuite, Apt. #,:etc: | | | | \$8.75 A | dditional |
| 22 | 27 | | | 5. Certifcate of Status Desired . | Fee Red | quired |
| City & State | City & State | | | 6. Election Campaign Financing | \$5.00 N | - √lav Be |
| 23 | 28 | | | Trust Fund Contribution | Added to | • |
| Zip Country | Zip | Country | | 8. This corporation owes the current year | ır Intangible | _ |
| 24 25 | 29 | 30 | | Personal Property Tax. | ☐ Yes 〔 | ∐No |
| 9. Name and Address of Current | | 11 | | 10. Name and Address of New Registe | red Agent | |
| 3. | | 81 | Name | | | • |
| ALVAREZ, JOSE A | | | | (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. | | |
| 503 BARNES DRIVE | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| BRANDON FL 33511 | | 83 | | | | |
| | | " | | • | | |
| | | 84 | City | | 85 Zip C | ode |
| 11. Pursuant to the provisions of Sections 607.0502 | | | | | FL OF FO | |
| SIGNATURE Signature, typed or printed name of registered agent | , | E: Registered Age | nt signature require | ADDITIONS/CHANGES TO OFFICER | | RS IN 12 |
| TITLE DP | DELETE | 1.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME ALVAREZ, JOSE A | | 1,2 NAME | | | | |
| FOR BADVICO DD | | | T ADDRESS | , | | |
| DDANDON CI | | 1.4 CITY-S | | | | |
| | ☐ DELETE | 2.1 TITLE | 1-217 | was the state of t | Change | Addition |
| 1 - ' | □ vere≀e . | 2.2 NAME | | | • | |
| NAME ALVAREZ, STEVEN M | | | | · | | |
| STREET ADDRESS 503 BARNES DRIVE | المحمولين و دو بالاستواليون م وسيم ون بال | | ADDRESS | والرياضية ميهماني كراري به بالتقييمة ياصف المسا | ا يساد مسيدي | · ,—— |
| CITY-ST-ZIP BRANDON FL 33511 | ☐ DELETE | 2. 4 CITY-5 | 51-ZIP | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| TITLE DS | ™ nere le | | | | 9 | |
| NAME ALVAREZ, JANET L | | 3.2 NAME | | | | |
| STREET ADDRESS 503 BARNES DRIVE | | | TADORESS | | | |
| CITY-ST-ZIP BRANDON FL 33511 | | 3.4. CITY-5 | ST-ZIP | | Change | Addition |
| TITLE DVP | ☐ DELETE | 4.1 TITLE | | | | |
| NAME ALVAREZ, KEVIN J | | 4. 2 NAME | | | | |
| STREET ADDRESS 503 BARNES DRIVE | | 4.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP BRANDON FL 33511 | | 4.4 CITY-S | T-ZIP | <u> </u> | | |
| TITLE D | ☐ DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME ALVAREZ, RYAN V | | 5.2 NAME | | | | |
| STREET ADDRESS 503 BARNES DRIVE | | 5.3 STREE | T ADDRESS | | | |

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 attactivation with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

BRANDON FL 33511

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

☐ Addition