

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90952

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90106 030 ***158.75

1. Corporation	n Name					1			
ALRON	INC.								
Principal Plac	e of Business	Mailing Address		•					
246 SW 159 AVE 246 SW 159 AVE									
SUNRISE FL 33326 SUNRISE FL 33326						DO NOT WRITE IN THIS	CDACE		
						DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	——	
						07/30/1990			
<u> </u>	N	2a, Mailing Address				4. FEI Number	Ι Ι Δη	plied For	
_ `	Place of Business	<u> </u>				65-0234727	_ 	t Applicable	
Suite, Apt.	# ptc	Suite, Apt. #, etc.				J.	\$8.75		
22		27				5. Certificate of Status Desired	Fee Re		
City & Stat		City & State				6. Election Campaign Financing	\$5.00	May Be	_
23		28				Trust Fund Contribution	Added t	7 1	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year In	angible		
24	25	29	30			Personal Property Tax.	Yes	™ No	
	9. Name and Address of Current	t Registered Agent		Ε,		10. Name and Address of New Registered	Agent		
DAV	PMP 44F1 100A 1			81	Name	,			
	'ENEL, MELISSA L. 4 AVIATION AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	OVE PLACE, 3RD FLOOR					<u> </u>			
	MI FL 33133			83					
MIC	MI (L 33133			84	City	FL	85 Zip (Code	
	<u> </u>			ĻĻ			changing its	registered	
11. Pursuant office or a	to the provisions of Sections 607.0502 registered agent, or both, in the State (2 and 607.1508, Florida Statu of Florida. Such change was	tes, the a authorized	ibove d by t	r-named corpo the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	ntment as re	gistered	
agent, I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Stat	utes.					
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable (NOT	F: Denistered	1 Anna	t signature required	when reinstating) DATE		——	_
12.		ID DIRECTORS	13.	a rigoin		. ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	RS IN 12	Q
TITLE	D	☐ DELETE	1.1 71	ITLE		7.44	Change	☐ Addition	7
NAME -	GLICKSBERG, ALVIN B.		1.2 N	AME					5
STREET ADDRESS	DAG ONL 450 AVE		1.3 \$	TREET	ADDRESS			ļ	ù
CITY-ST-ZIP	SUNRISE FL		1,4 C	ITY-ST	-ZIP				õ
TITLE	D	☐ DELETÉ	2.1 TI	ITLE			☐ Change	☐ Addition	(
NAME	GLICKSBERG, RHONDA		2.2 N	AME				ĺ	
STREET ADDRESS	246 SW 159 AVE		2.3 S	TREET	ADDRESS	•			
CITY-ST-ZIP	SUNRISE FL		240		T_7ID.			t	
TITLE				CITY-S	1-1-				
NAME		☐ DELETE	3.1 TI				☐ Change	Addition	D.
STREET ADDRESS	1	☐ DELETE		ITLE		s .	☐ Change	Addition	
		☐ DELETE	3.1 TI 3.2 N	ITLE IAME	ADDRESS	5	Change	Addition	4 5.
CITY-ST-ZIP		☐ DELETE	3.1 TI 3.2 N 3.3 S	ITLE IAME	ADDRESS	5			
CITY-ST-ZIP TITLE		DELETE	3.1 TI 3.2 N 3.3 S	ITLE IAME TREET CITY-SI	ADDRESS		☐ Change	Addition	0-1
			3.1 TI 3.2 N 3.3 S 3.4. O 4.1 TI	ITLE IAME TREET CITY-SI	ADDRESS				
TITLE			3.1 TI 3.2 N 3.3 S 3.4.0 4.1 TI 4.2 N	ITLE TREET CITY-SI TILE VAME	ADDRESS				 P.
TITLE NAME		. DELETÉ	3.1 TI 3.2 N 3.3 S 3.4. C 4.1 TI 4.2 N 4.3 S	ITLE TREET CITY-SI TILE VAME	ADDRESS T-ZIP ADDRESS		Change	☐ Addition	±2;*
NAME STREET ADDRESS			3.1 TI 3.2 N 3.3 S 3.4. C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI	TREET TREET TITLE VAME TREET TREET TITLE	ADDRESS T-ZIP ADDRESS				
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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 furthe 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and 1 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alvin B. Glickforg

CR2E034 (11/98)