

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L97211 (1)

1. Corporation Name
A.L.A.P.T., INC.

Principal Place of Business 3941 SHELL ROAD SARASOTA FL 34242	Mailing Address 3941 SHELL ROAD SARASOTA FL 34242
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 City & State	30 Country

3. Date Incorporated or Qualified 08/31/1990	
4. FEI Number 59-3043488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WEINER, NEVIN A.
46 NORTH WASHINGTON BLVD. #1
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/>	1.1 TITLE		
NAME	WEINER, NEVIN A.		1.2 NAME		
STREET ADDRESS	46 N. WASHINGTON BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/>	2.1 TITLE		
NAME	TAULERE, ALAIN P		2.2 NAME	TAULERE (NAME MISPELLED)	
STREET ADDRESS	3941 N SHELL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/>	3.1 TITLE		
NAME	TAULERE, BONNIE		3.2 NAME	TAULERE	
STREET ADDRESS	3941 N SHELL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: *Bonnie Taulere* 2/5/98 9413499752

CFR2034 (10/97)