

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M70021 (4)

1. Corporation Name
ALEMEILA, INC.



Principal Place of Business

1858 RINGLING BLVD
SARASOTA FL 34236
US

Mailing Address

1858 RINGLING BLVD
SARASOTA FL 34236
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D.
SYPRETT, MESHAD, RESNICK & LIEB, P.A.
1900 RINGLING BLVD.
SARASOTA FL 34236

3. Date Incorporated or Qualified
02/24/1988

3a. Date of Last Report
03/27/1995

4. FEI Number
65-0031512

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP	☐ DELETE
2. NAME	FLEISSNER, BRIGETTE	
3. STREET ADDRESS	590 BOWSPRIT LANE	
4. CITY-STATE-ZIP	LONGBOAT KEY FL	
5. TITLE	DVP	☐ DELETE
6. NAME	FLEISSNER, FRIEDRICH	
7. STREET ADDRESS	590 BOWSPRIT LANE	
8. CITY-STATE-ZIP	LONGBOAT KEY FL	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

1. TITLE	DP	☒ Change ☐ Addition
2. NAME	Fleissner Brigitte	
3. STREET ADDRESS	4550 70th Street West, Unit 90	
4. CITY-STATE-ZIP	Bradenton, Florida 34210	
5. TITLE	DVP	☒ Change ☐ Addition
6. NAME	Fleissner, Friedrich	
7. STREET ADDRESS	4550 70th Street West, Unit 90	
8. CITY-STATE-ZIP	Bradenton, Florida 34210	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Brigitte Fleissner BRIGITTE FLEISSNER
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1. 96 941-365-4617
DATE DAYTIME PHONE

CR2E034 (12/95)