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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jan 20 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

1. Corporation	MENT # M803 N PALM INVESTMENTS, (•	4)			II AFAIT AFAII AFAIT AFAIT FAAF
Principal Place	e of Businoss	Mailing Address				
8445 INTERNATIONAL DR. #132 ORLANDO FL 32819		7046 FISHER ST. ORLANDO FL 32835-1608 US			DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualified	
2. Principal Pl	lace of Business	2a, Mailing Addr	nss		05/11/1988 4. FEt Number	Applied For
21		26			59-2888601	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		6. Election Campaign Financing 1rust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	├	country	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Cur	rent Registered Agent	30		Personal Properly Tax due June 30. 10. Name and Address of New Registered	Yes K No
SIGNATURE .	m tamiliar with, and accept the on	oligations of, Section 607.	J505, Florida S	tatutes.	FL progration submits this statement for the purpose of alion's board of directors. I hereby accept the app	85 Zip Code f changing its registored pointment as registered
12.	Signature, typed or printed name of registered OFFICERS:	AND DIRECTORS	(NOTE Registr	ered Agent signature rec	paired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	PTD WEBER, SUSAN 7046 FISHER STREET ORLANDO FL 32835	DF	1.1 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3	TITLE NAME STREET ADDRESS CITY-ST-7IP	ADDITIONAJONANCES TO OTHOCHA AND	Change Addition
TITLE	\$D	DE DE		TITLE		Change Addition
NAME	MARTIN, MONIQUE		2.2	NAME		
STREET ADDRESS	6601 S. 95TH W. #53	3		STREET ADDRESS		
CITY-ST-ZIP	MURRAY UT			4 CITY - ST - ZIP		
TITLE		□ DE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP TITLE		I. DEI		. CITY-ST-ZIP		Change Taker
NAME		[] DE		THILE		Change Addition
STREET ADDRESS				? NAME		
SINCE I NUUNLOO			■ 4.3	STREET ADDRESS		l l

14. Thereby 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.

4.4 CITY-ST-7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 THLE

6.2 NAME

DELETÉ

DELETE

SIGNATURE: \$110 MM 41) 0 1 0 m 5/1500 (1/17850 1/0/08 417-262-2879