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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84313

Country

9. Name and Address of Current Registered Agent

25

BRAZNELL, MARY, L 5990 SW NINTH ST

FT LAUDERDALE FL 33317

(9)

2a. Mailing Address

City & State

Ζip

Suite, Apt. #, etc

ALFA PRODUCTS CO.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Ζip

Principal Place of Business	Mailing Address
5990 S.W. NINTH ST. FT. LAUDEROALE FL 33317	5990 S.W. NINTH ST. FT. LAUDERDALE FL 33317-3957

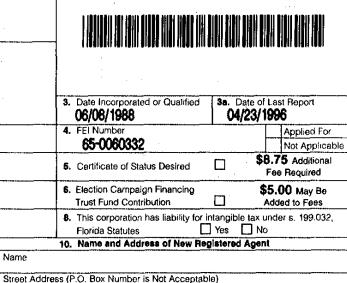
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FILED Apr 14 1997 8:00am Secretary of State



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.

Country

81 Name

82

83 84 City

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SIGNATURE	Signature, typed or printed name of registered agent and to	to if applicable (NOTE	Registered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PO	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	Braznell, G. Thomas		1.2 NAME			
\$TREE LADDRESS	5990 S.W. NINTH STREET		1.3 STREET ADDRESS			
CHT-S1-702	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP			
TFLE	CD	DELETE	2.1 TITLE		☐ Change	Addition
NAME	BRAZNELL, MARY L.		2.2 NAME			
STREET ADDRESS	5990 S.W. NINTH STREET		2.3 STREET ADDRESS	• "		,
CHY-ST-ZiF	FT. LAUDERDALE FL		2. 4 CHTY - ST - ZIP			
TITLE		☐ DELETÉ	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY-ST-ZIP			3.4. CITY-ST-ZIP			
THILE		☐ DELETE	41 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-ZIP			4.4 CITY - ST - ZIP			
ant		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CH r - ST - ZIP			5.4 CITY - ST - ZIP			190
TIYLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREFT ADDRESS			
City-St-ZiF			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not quality 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.