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03-10-1999 90254 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15307**

1. Corporation Name
ALOMA CENTER EAST, INC.

Principal Place of Business	Mailing Address
7208 ALOMA AVE SUITE 100-600 WINTER PARK FL 32792 US	121 BLUE CREEK DR WINTER SPIRNGS FL 32708 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 1654 WALSH ST.	06/09/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2871479 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 OVIEDO, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32765 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KROMBACH, PHILIP
121 BLUE CREEK DRIVE
WINTER PARK FL 32708

10. Name and Address of New Registered Agent

81 Name KROMBACH, PHILIP
82 Street Address (P.O. Box Number is Not Acceptable) 1654 WALSH ST.
83
84 City OVIEDO FL 85 Zip Code 32765

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.*

SIGNATURE Philip E. Krombach DATE 2/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT KROMBACH, PHILIP 121 BLUE CREEK DRIVE WINTER PARK FL 32708	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1654 WALSH ST. OVIEDO, FL 32765	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TEDESCO, ALDO DEL 7208 ALOMA AVE, STE 100 WINTER PARK FL 32792	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VD GIBSON, GEORGE 625 MAGNOLIA ST. WINDERMERE, FL 32801	CR2E037 (11/98)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KROMBACH, MARILYN 121 BLUE CREEK DRIVE WINTER SPRINGS FL 32708	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☒ Change ☐ Addition 1654 WALSH ST. OVIEDO, FL 32765	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip E. Krombach 2/24/99 407-359-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #