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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Itham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29067** (8)
1. Corporation Name
ALICE ASH ASSOCIATES, INC.



Principal Place of Business
**1397-1 MEADOW PARK LANE
FORT MYERS FL 33901**

Mailing Address
**1397-1 MEADOW PARK LANE
FORT MYERS FL 33901**

3. Date Incorporated or Qualified
11/01/1988

4. FEI Number
38-2873451

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent
**MATHEWS, MILDRED L
10259 F.A. ASHWAY
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name **MATHEWS, MILDRED L.**
82 Street Address (P.O. Box Number is Not Acceptable)
1397-1 MEADOW PARK LANE
83
84 City **FORT MYERS** **FL** **85** Zip Code **33901**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	MATHEWS, MILDRED L	
STREET ADDRESS	1397-1 MEADOW PARK LANE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, MARY WHITE	
STREET ADDRESS	10265 F.A. ASHWAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWS, TRACY E	
STREET ADDRESS	1397-1 MEADOW PARK LANE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENT, SHELBY	
STREET ADDRESS	13900 EASTWOOD	
CITY-ST-ZIP	DETROIT MI 48213	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JESSICA KYLES	
1.3 STREET ADDRESS	281 N. LABURNUM - APT 3	
1.4 CITY-ST-ZIP	RICHMOND, VA 23223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NADA HARRISON	
2.3 STREET ADDRESS	1603 E. PARIS STREET	
2.4 CITY-ST-ZIP	TAMPA, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATRICIA CHARLES	
3.3 STREET ADDRESS	201 W. 139TH #3D	
3.4 CITY-ST-ZIP	NEW YORK, NY 10030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MAURICE FOSTER	
4.3 STREET ADDRESS	18203 OAK DRIVE	
4.4 CITY-ST-ZIP	DETROIT, MI 48221	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DEBORAH A. HERRON	
5.3 STREET ADDRESS	19215 HARTWELL	
5.4 CITY-ST-ZIP	DETROIT, MI 48235	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **03/04/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0057654**

CR2E037 (10/97)