

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N 29067
 1. Corporation Name
ALICE ASH ASSOCIATES, INC

99 MAY 28 PH 2:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1397-1 MEADOW PARK LANE
FORT MYERS, FL 33901

4/14/99 90151/084 61.25
 4/14/99 90151/083 8.75

2. Principal Place of Business 21 1397-1 MEADOW PARK LANE Suite, Apt. #, etc.	2a. Mailing Address 26 1397-MEADOW PARK LANE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11-01-88
22 City & State 23 FORT MYERS, FL 33901	27 City & State 28 FORT MYERS, FL 33901	4. FEJ Number 38-2873451
24 Zip 33901	25 Country USA	29 Zip 33901
30 Country U.S.A.	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MILDRED L. MATHEWS
1397-1 MEADOW PARK LANE
FORT MYERS, FL 33901

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 **Mildred L. Mathews** **May 23, 1999**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EX. DIR	1.1 TITLE	D
NAME	MILDRED L. MATHEWS	1.2 NAME	DARNETTA LEE
STREET ADDRESS	1397-1 MEADOW PARK LANE	1.3 STREET ADDRESS	1301 OGDEN #2
CITY-ST-ZIP	FORT MYERS, FL 33901	1.4 CITY-ST-ZIP	DENVER, CO 80218
TITLE	D	2.1 TITLE	D
NAME	MILDRED L. MATHEWS	2.2 NAME	SHELBY DENT
STREET ADDRESS	5113 ARBOR PKE. COR. - #307	2.3 STREET ADDRESS	10738 WHITEHILL
CITY-ST-ZIP	TAMPA, FL 33617	2.4 CITY-ST-ZIP	DETROIT, MI 48224
TITLE	D	3.1 TITLE	D
NAME	MAURICE FOSTER	3.2 NAME	MARY WHITE
STREET ADDRESS	18203 OAK DRIVE	3.3 STREET ADDRESS	10265 F.A. ASHWAY
CITY-ST-ZIP	DETROIT MI, 48221	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D	4.1 TITLE	TRACY E. MATHEWS
NAME	NADA HARRISON	4.2 NAME	10265 F.A. ASHWAY - 2
STREET ADDRESS	1603 E. PARIS	4.3 STREET ADDRESS	TALLAHASSEE, FL 32311
CITY-ST-ZIP	TAMPA, FL 33610	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	JESSICA KYLES	5.2 NAME	MARY FRANKLIN
STREET ADDRESS	281 N. LABUENAM #3	5.3 STREET ADDRESS	1785 N. PALADALE CT.
CITY-ST-ZIP	RICHMOND, VA 23223	5.4 CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	D	6.1 TITLE	D
NAME	PATRICIA CHARLES	6.2 NAME	MICHAEL A. POLEY
STREET ADDRESS	201 W. 139TH #3D	6.3 STREET ADDRESS	6667 N. TUMBERLAND
CITY-ST-ZIP	NEW YORK, NY 10030	6.4 CITY-ST-ZIP	PITTSBURGH, PA 15217

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: **Mildred L. Mathews** **May 23, 1999**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (1/198)