

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003591 (1)

1. Corporation Name

ALOT, INCORPORATED

Principal Place of Business

511 N.W. 4TH ST.
MIAMI FL 33218

Mailing Address

511 N.W. 4TH ST.
MIAMI FL 33218

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 013217

Suite, Apt. #, etc.

27 City & State

28 Miami, Florida

29 Zip Country

33101

9. Name and Address of Current Registered Agent

JACKSON, TANYA R
511 N.W. 4TH ST.
MIAMI FL 33218

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

65-0858869

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
Tanya R. Jackson
270 N.W. 151 Avenue
Pembroke Pines FL 33028

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice-President
Willie F. Wilcox
1360 Collins Avenue
Miami, Florida 33159

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secretary
Sheryl Carter
5271 N.W. 180 Terrace
Miami, Florida 33055

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director
Rev. Desi L. Echoles
17000 SW 108th Avenue
Miami, Florida 33157

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director
Diann Crumbley
14257 Memorial Highway
North Miami, Florida 33161

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Director
LaVern Black
3401 N.W. 80th Street
Miami, Florida 33147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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)(f), 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: *Rev. Desi L. Echoles* 4/13/98 305-373-7162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028468

CR2E037 (10/97)

FILED

98 NOV -3 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

