

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90078 003 ****61.25

DOCUMENT # N97000003591

1. Corporation Name

ALOT, INCORPORATED

Principal Place of Business

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

Mailing Address

P.O. BOX 013217
MIAMI FL 33101

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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 Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

☐ DELETE

TITLE P
NAME JACKSON, TANYA R
STREET ADDRESS 270 N.W. 15 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VP
NAME WILCOX, WILLIE F
STREET ADDRESS 1360 COLLINS AVE
CITY-ST-ZIP MIAMI FL 33159

TITLE S
NAME CARTER, SHERYL
STREET ADDRESS 5271 N.W. 180 TERRACE
CITY-ST-ZIP MIAMI FL 33055

TITLE D
NAME ECHOLES, DESI L REV
STREET ADDRESS 17000 SW 108 AVENUE
CITY-ST-ZIP MIAMI FL 33157

TITLE D
NAME CRUMBLY, DIANN
STREET ADDRESS 14257 MEMORIAL HIGHWAY
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D
NAME BLACK, LAVERN
STREET ADDRESS 3401 N.W. 80TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Desi L. Echols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Desi L. Echols 3-9-99 (305) 373-7444
Date Daytime Phone

CR2E037 (11/98)