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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34957** **(1)**

1. Corporation Name
ALISA, INC.

Principal Place of Business	*Mailing Address*
~~2033 WOOD STREET, SUITE 218~~ ~~SARASOTA FL 34237~~	~~2033 WOOD STREET, SUITE 218~~ ~~SARASOTA FL 34237-7827~~

3. Date Incorporated or Qualified: **08/05/1991**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21: 434 South Washington Blvd
22: Suite, Apt. #, etc:
23: City & State: Sarasota FL
24: Zip: 34236
25: Country: USA

2a. Mailing Address
26: 434 S. Washington Blvd
27: Suite, Apt. #, etc:
28: City & State: Sarasota FL
29: Zip: 34236
30: Country: USA

4. FEI Number: **13-3419926** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GAUSE, W. PEYTON, JR.~~ ~~JOY GAUSE GENSON & MORAN~~ ~~720 1ST FLA BANK BLDG., 1800 SECOND ST~~ ~~SARASOTA FL 34236~~	81 Name: Daryl J. Brown, Esquire 82 Street Address (P.O. Box Number is Not Acceptable): 1819 Main Street, Suite 1100 83 84 City: Sarasota FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Daryl J. Brown 4/4/97
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	DV	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PALLADINO, MARIE		1.2 NAME		
STREET ADDRESS	~~7490 LAKESIDE DRIVE~~ 5590 Siesta Estates Court		1.3 STREET ADDRESS	5590 Siesta Estates Court	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	DP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CLINE, LISA PALLADINO		2.2 NAME		
STREET ADDRESS	~~2033 WOOD STREET, S-218~~		2.3 STREET ADDRESS	5590 Siesta Estates Court	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEI, ROBERTO		3.2 NAME		
STREET ADDRESS	11 SANDYHOOK		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4-4-97 941-954-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #