

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34957 (1)

1. Corporation Name
ALISA, INC.

Principal Place of Business
2035 WOOD STREET, SUITE 218
SARASOTA FL 34237

Mailing Address
2035 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
Suite, Apt. #, etc.

2a. Mailing Address
26 434 S. Washington Blvd
Suite, Apt. #, etc.

22 City & State
23 Sarasota FL

27 City & State
28 Sarasota FL

24 Zip 34236
25 Country USA

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

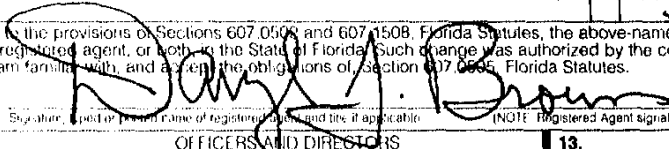
10. Name and Address of New Registered Agent

- GAUSE, W. PEYTON, JR. ---
- JOY GAUSE GONSON & 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 607.0509 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, to 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 607.0605, Florida Statutes.

SIGNATURE


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

(NOTE: Registered Agent signature required when reinstating)

4/4/97
DATE

12. OFFICERS AND DIRECTORS

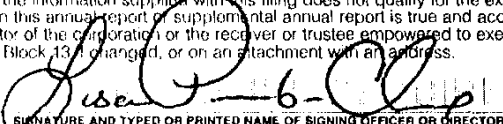
TITLE	DV	☐ DELETE
NAME	PALLADINO, MARIE	
STREET ADDRESS	7400 LAKESIDE DRIVE	
CITY - ST - ZIP	5590 Siesta Estates Court SARASOTA FL	
TITLE	DP	☐ DELETE
NAME	CLINE, LISA PALLADINO	
STREET ADDRESS	2035 WOOD STREET, 9-218	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DST	☐ DELETE
NAME	MEI, ROBERTO	
STREET ADDRESS	11 SANDYHOOK	
CITY - ST - ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	5590 Siesta Estates Court
1.4 CITY - ST - ZIP	SARASOTA, FL 34242
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	5590 Siesta Estates Court
2.4 CITY - ST - ZIP	SARASOTA, FL 34242
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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-97 941-954-0033
Date Daytime Phone

CR2E034 (9/96)