FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92	2000015050	(7)
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THE ALUCARD CORPORATION

INC A	LOCARD CORPORATION										
		M.	ailing Address 7600 PARKVIEW WA CORAL SPRINGS FL				((DELFOED) (B (G)(LE 1505) GED)) B	4111 BB111 B 4	IM 11683 Beill An		
US			US				3. Date Incorporated or Qualified 12/30/1992	3a. D	ate of Last Re 08/24/19		_
2. Principal Plac	ce of Business	2a. 26	Maling Address				4. FEI Number 47-3680618			pplied For lot Applicable	
Suite, Apt. #	, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired	
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	29	7ф	Godf 30	itry		8. This corporation has liability for Florida Statutes Yes	· Yw		199.032,	
	9. Name and Address of Current	Regis	stered Agent		·		10. Name and Address of New I	Redistere	d Agent		
•					81	Name					
7501 N	HOLDER, BARRY L IN 4TH ST., #112				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
PLANTA	ATION FL 33317				83						
					84	City		F	85 Zıç	Code	
or registere	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida in, and accept the obligations of, Section	a Sud	h change was authoriz	red by the c	ve n orpc	amed corporation's bo	oration submits this statement for the pu and of directors. I hereby accept the app	irpase of a pointment	changing its re as registered	egistered office agent. Lain:	t'
SIGNATURE											
	Signature: typied or printed flame of registered agent a				April	signature requ	reniviror renetating	DATE			্রি
12.	OFFICERS AND	LIEGO	DELETE	13.		···-	ADDITIONS/CHANGES TO OF	FICERS A	D Change	Addition	≾័
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NAME	7600 PARKVIEW WAY			12 NA		10001110					ුල්
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STREET ADDRESS						ADDRESS	*** <u>と</u> とう。***			(/7 \	
CITY - ST - ZIP				640	TY - S	r-Z-P					4

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chargied, or on an attactioner, with an address

SIGNATURE:

SIGNATURE WIND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-752-2908