

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000015466 (5)

1. Corporation Name  
**ALAMO SYSTEMS, INC.**



Principal Place of Business <b>335 12TH AVE I.R.B. FL 34635 US</b>		Mailing Address <b>P.O. BOX 781 I.R.B. FL 34635 US</b>		3. Date Incorporated or Qualified <b>12/28/1992</b>	3a. Date of Last Report <b>08/11/1995</b>
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2. Principal Place of Business <b>21 13970 Montego DR</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-3164930</b>		Applied For Not Applicable
Suite, Apt # etc		Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
22 City & State <b>SEMINOLE FL</b>		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
23 Zip <b>33776</b>		Country		28 Zip <b>33785</b>		Country
24		25		29		30
9. Name and Address of Current Registered Agent <b>SEATON, MICHAEL A. 335 12TH AVE I.R.B. FL 34635</b>				10. Name and Address of New Registered Agent		

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable) <b>13970 MONTGO DR</b>			
83			
84 City <b>SEMINOLE</b>		85 Zip Code <b>FL 33776</b>	

11. Pursuant to the provisions of Sections 607.0202 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 607.0202, Florida Statutes.

SIGNATURE: *Michael A. Seaton* **8/2/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEATON, MICHAEL A.	12 NAME	
STREET ADDRESS	335 12TH AVE	13 STREET ADDRESS	<b>13970 Montego DR</b>
CITY-ST-ZIP	I.R.B. FL	14 CITY-ST-ZIP	<b>SEMINOLE FL 33776</b>
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report, or as an attachment with an address.

SIGNATURE: *Michael A. Seaton* **8/2/96** **813-593-7240**

CR2E034 (3/96)