

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

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AND  
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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000010973 (4)**  
1. Corporation Name:  
**ALTON JAL INC.**

Principal Place of Business: **523 MICHIGAN AVE SUITE 500 MIAMI BCH FL 33139 US**  
Mailing Address: **523 MICHIGAN AVE SUITE 500 MIAMI BCH FL 33139 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/12/1993** 3a. Date of Last Report: **01/19/1994**

4. FBI Number: **65-0387655** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for franchise tax under S. 199.042, Florida Statutes:  Yes  No

2. Principal Place of Business: 2a. Mailing Address

21. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.

22. City & State: 27. City & State

23. Zip: 28. Zip

24. County: 29. County

30. County

9. Name and Address of Current Registered Agent

**FRYD JONATHAN  
523 MICHIGAN AVE  
MIAMI BCH FL 33139**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>FRYD, JONATHAN</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>FRYD, JONATHAN</b>	<b>523 MICHIGAN AVE</b>	1.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>MIAMI BCH FL</b>	<b>MIAMI BCH FL</b>	1.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: <b>MIAMI BCH FL</b>		1.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>VPDS</b>	<b>RESNICK, JAMES</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>RESNICK, JAMES</b>	<b>1228 ALTON RD</b>	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>MIAMI BCH FL</b>	<b>MIAMI BCH FL</b>	2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: <b>MIAMI BCH FL</b>		2.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>VPD</b>	<b>RESNICK, ABE</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>RESNICK, ABE</b>	<b>1228 ALTON RD</b>	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>MIAMI BCH FL</b>	<b>MIAMI BCH FL</b>	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP: <b>MIAMI BCH FL</b>		3.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP:		5.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP:		6.4 CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I 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)(g), 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 of this report, or on an attachment with an address:

SIGNATURE:  **JONATHAN FRYD, PRES** 4/24/95 309 673-2948

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_