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

**PROFIT** CORPORATION ANNUAL REPORT



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

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P93000011390 (0)

DOCUMENT #  1. Corporation Name	P93000011390	(0)
ALKALINE PAPER TE	CHNOLOGY INTERNATIONAL,	INC.

Principal Place	cipal Place of Business Mailing Address		1 (0.01/0.01) (0.01/0.01) (0.01/0.01)	r ammisman sign ancore striss manin måret nannt manns hrådn tillna villin sösti manis (MM)						
4708 TANNER TAMPA FL 33										
				3. Date Incorporated or Qualified 3a. Date of East R 02/11/1993 05/01/19						
21	2. Principal Place of Business 2a. Mailing Address 26		4. FEI Number 59-3314075		<b>——</b>	Applied For Not Applicable				
Suite, Apt. #	t, etc.		Suite, A	npt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State				6. Election Campaign Financing	, D		00 May Be			
Zip	I Cou	ıntry	<b>28</b>		Country		Trust Fund Contribution			ed to Fees
24	25	μ τα y	29 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name and Ad	dress of Current	Registered Ag	gent			10. Name and Address of Nev	v Registered	Agent	
OLLI PALE		/ D.			81	Name				ĺ
CHAPNE	RKAR, VASANT	AU			82	Street Addr	ess (P.O. Box Number is Not Accer	table)		
4708 TANNER AVE. TAMPA FL 33624			83							
17W0 7(1	L 000E4						· · · · · · · · · · · · · · · · · · ·		<del>., ., .</del>	
					84	City		FL	_ <b>  85</b>   Z	ip Code
or registere familiar with SIGNATURE	o the provisions of Sed agent, or both, in h, and accept the ob-	the State of Florida ligations of Sector	. Such change n 607,0505, FC 2///	was authorized onla Statutes	by the corp	iamed corpor oration's boar	ation submits this statement for the did directors. Thereby accept the a	purpose of chappointment as	s registered	d agent. I am
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTO	ORS IN 12
TITLE	P			) DELETÉ	1. 1 TITLE				☐ Change	Add tion
NAME	CHAPNERKAR, 4708 TANNERY				1.2 NAME					ļ
STREET ADDRESS	TAMPA FL 336				1 3 STREET					
CITY-ST-ZIP TITLE	(All A   E 000.	<u></u>		DELETE	2 1 TITLE	I - ZIP			Change	Addition
NAME			L	,	2.2 NAME			!	Onlinge	
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NAME					3.2 NAME					
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CITY-ST-ZIP TITLE				) DELETE	3.4 CITY - S 4. 1 TITLE	7 - ZIP			Change	Addition
NAME			L.	jectic	4 2 NAME			·		
STREET ADDRESS					4 3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 CITY - S	r - ZiP				İ
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NAME					5.2 NAME					
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CITY-S1-ZIP TITLE				] DELFTE	5.4 CHTY+S 6. 1 THTLE	I-ZIP			Change	Addition
NAME			<b>L</b> _	Junite	6.2 NAME			ı	Unango	□ Addition
STREET ADDRESS					6.3 STREET	ADDRESS				
CITY-ST-ZIP					6.4 CITY-S					
certify that oath; that I	the information indic am an officer or dire Block 12 or Block 1	ated on this annual actor of the corpora 3 if changed, or on	report or supp tion or the rece	dementa! annual diver or trustee e	ned and does report is true impowered t	not qualify for	or the exemption stated in Section 1 te and that my signature shall have t s report as required by Chapter 607	he same legal Florida Statut	effect as i tes; and th	if made under nat my name
SIGNAT	UNE:	out D. (	RINTED NAME OF	SIGNING OFFICER O	OR DIRECTOR		Mark 20, 1991	S 81	3-96 Dayt me Phone	4-6853