FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10: 06

DOCUMENT # **P93000019954 (5)**

1. Corporation Name
ALMAG ENTERPRISES, INC.

Principal Place of Business
4425 S PLEASANT HILL ROAD
KISSIMMEE FL 34746
US

Mailing Address
4425 S PLEASANT HILL ROAD
KISSIMMEE FL 34746
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 2975 Sun Cove Drive
Suite, Apt. #, etc. 22
City & State 23 Kissimmee Florida
Zip 24 34746 Country 25 US

2a. Mailing Address
26 2975 Sun Cove Drive
Suite, Apt. #, etc. 27
City & State 28 Kissimmee Florida
Zip 29 34746 Country 30 US

4. FEI Number: 59-3172320 ☐ 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

COLLINS, ALLAN R
4425 S PLEASANT HILL ROAD
KISSSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name: Collins, Allan R
82 Street Address (P.O. Box Number is Not Acceptable): 2975 Sun Cove Drive
83
84 City: Kissimmee FL 85 Zip Code: 34746

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: A R Collins — A R Collins — 2 April 95
Signature (and if printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PM	11 TITLE	PM	☒ Change ☐ Addition
NAME	COLLINS, ALLAN	12 NAME	Collins Allan R	
STREET ADDRESS	4425 S PLEASANT HILL ROAD	13 STREET ADDRESS	2975 Sun Cove Drive	
CITY-ST-ZIP	KISSIMMEE FL 73	14 CITY-ST-ZIP	Kissimmee Florida 34746	
TITLE		21 TITLE	VP	☐ Change ☒ Addition
NAME		22 NAME	Collins Margaret J	
STREET ADDRESS		23 STREET ADDRESS	2975 Sun Cove Drive	
CITY-ST-ZIP		24 CITY-ST-ZIP	Kissimmee Florida 34746	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(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: A R Collins — A R Collins — 2 April 95 — (407) 847-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #