

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000054961 (6)

1. Corporation Name

ALISEO/SUPREME INC.

FILED
 95 AUG 10 PM 12:11
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

580 VILLAGE BLVD.
 SUITE 370
 WEST PALM BEACH FL 33409
 US

580 VILLAGE BLVD.
 SUITE 370
 WEST PALM BEACH FL 33409
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

07/18/1994

4. FEI Number

65-0427389

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 intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 931 Village Blvd.

28 931 Village Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 905

27 905

City & State

City & State

23 West Palm Beach, FL

30 West Palm Beach, FL

Zip

Country

Zip

Country

24 33409

25 USA

29 33409

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEAIRE, WARD
 4 HARVARD CIRCLE
 SUITE 200
 WEST PALM BEACH FL 33409

81 Name

Thomas Roberts

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

7208 Glenmoor Drive

83

84 City

West Palm Beach

FL

85 Zip Code

33409

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

Thomas Roberts

(NOTE: Registered Agent signature required when reinstating)

U.P. August 5, 95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WEAIRE, WARD
STREET ADDRESS	4 HARVARD CIRCLE, SUITE 200
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	VP
NAME	ROBERTS, THOMAS
STREET ADDRESS	4 HARVARD CIRCLE, SUITE 200
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Weaire, Ward	
1.3 STREET ADDRESS	931 Village Blvd. Suite 905	
1.4 CITY - ST - ZIP	West Palm Beach, FL 33409	
2.1 TITLE	U.P.	☒ Change ☐ Addition
2.2 NAME	Roberts, Thomas	
2.3 STREET ADDRESS	931 Village Blvd. Suite 905	
2.4 CITY - ST - ZIP	West Palm Beach, FL 33409	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas Roberts

8/5/95

(607) 582-0944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR