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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 OCT 24 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071334

1. Corporation Name

A. ALSON, INC.

Principal Place of Business	Mailing Address
650 S.W. 66TH TERRACE PEMBROKE PINES, FL 33023	650 SW 66TH TERRACE PEMBROKE PINES, FL 33023

3. Date Incorporated or Qualified: 10/14/93
3a. Date of Last Report: 4/25/96

2. Principal Place of Business	2a. Mailing Address
21 330 N SR 7	26 P O Box 6901
Suite, Apt. #, etc. 22 c/o 117 W Gulf Dr	Suite, Apt. #, etc. 27
City & State 23 Hollywood Fl	City & State 28 Hollywood Fl
Zip / Country 24 33021 / 25 USA	Zip / Country 29 33081 / 30 USA

4. FEI Number: 65-0454699 ☐ 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	10. Name and Address of New Registered Agent
KAAREN CLARK 650 S.W. 66TH TERRACE PEMBROKE PINES, FL 33023	81 Name: TERRY L BUYEA 82 Street Address (P.O. Box Number is Not Acceptable): 330 N SR 7 83: c/o 117 W Gulf Dr 84 City: Hollywood **FL** 85 Zip Code: 33021

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: Terry L Buyea — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: Oct 22, 97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT ☒ DELETE	1.1 TITLE	PT ☒ Change ☐ Addition
NAME	TERRY L BUYEA	1.2 NAME	TERRY L BUYEA
STREET ADDRESS	650 S.W. 66TH TERRACE	1.3 STREET ADDRESS	~~P O BOX 6901~~ 330 N SR 7 c/o 117 W GULF DR
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33081
TITLE	S VP ☐ DELETE	2.1 TITLE	S VP ☐ Change ☒ Addition
NAME	IVANY C BUYEA	2.2 NAME	IVANY C BUYEA
STREET ADDRESS	~~P O BOX 6901~~ 330 N SR 7 c/o 117 W GULF DR	2.3 STREET ADDRESS	~~P O BOX 6901~~ 330 N SR 7 c/o 117 W GULF DR.
CITY-ST-ZIP	HOLLYWOOD FL 33081	2.4 CITY-ST-ZIP	~~HOLLYWOOD FL 33081~~
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	000002332150--8
STREET ADDRESS		4.3 STREET ADDRESS	-10/29/97--01024--003
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	DB 10-27-97
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Terry Buyea — SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR — Date: Oct 8, 1997 — (954) 963-0505