0571924

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90142 026 ***150.00

DOCUMENT # P93000071334

1. Corporation Name
A. ALSON, INC.

Principal Place of Business
330 N. SR 7
C/O 117 W. GULF DR.
HOLLYWOOD FL 33021

Mailing Address
P.O. BOX 6901
HOLLYWOOD FL 33081

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1993
4. FEI Number: 65-0454699 — ☐ Applied For ☐ Not Applicable
5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 2711 N 72 Ter	Suite, Apt. #, etc. 27
City & State 23 Hollywood	City & State 28
Zip 24 33024 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BUYEA, TERRY L
330 N. SR 7
C/O 117 W. GULF DR.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: BUYEA, TERRY L (same)
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ Signature, typed or 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	PT	☐ DELETE	1.1 TITLE	PT ☒ Change ☐ Addition
NAME	BUYEA, TERRY L		1.2 NAME	BUYEA, TERRY L
STREET ADDRESS	330 N. SR 7, C/O 117 W. GULF DR.		1.3 STREET ADDRESS	2711 N 72 Ter.
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	Hollywood FL 33024-2727
TITLE	SVP	☐ DELETE	2.1 TITLE	SVP ☒ Change ☐ Addition
NAME	BUYEA, IVANY C		2.2 NAME	BUYEA, IVANY C.
STREET ADDRESS	330 N. SR 7, C/O 117 W. GULF DR.		2.3 STREET ADDRESS	2711 N. 72 Ter
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	Hollywood FL 33024-2727
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	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
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	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Terry L Buyea — 3/10/99 — (954) 963-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)