

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90030 003 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000080051**

1. Corporation Name  
**ALICE MARTIN INTERNATIONAL, INC.**



Principal Place of Business	Mailing Address
1660 GULF BLVD. SUITE 705 CLEARWATER FL 34630 US	1660 GULF BLVD SUITE 705 CLEARWATER FL 34630 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	Applied For
11/18/1993	Not Applicable
4. FEI Number	Applied For
59-3222325	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 owes the current year Intangible Personal Property Tax.	Yes No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

MARTIN, ALICE  
 1660 GULF BLVD  
 SUITE 705  
 CLEARWATER FL 34630

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	TITLE	Change Addition
D MARTIN, ALICE 1660 GULF BLVD., SUITE 705 CLEARWATER FL	<input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/>
		1.2 NAME	<input type="checkbox"/>
		1.3 STREET ADDRESS	<input type="checkbox"/>
		1.4 CITY-ST-ZIP	<input type="checkbox"/>
		2.1 TITLE	<input type="checkbox"/>
		2.2 NAME	<input type="checkbox"/>
		2.3 STREET ADDRESS	<input type="checkbox"/>
		2.4 CITY-ST-ZIP	<input type="checkbox"/>
		3.1 TITLE	<input type="checkbox"/>
		3.2 NAME	<input type="checkbox"/>
		3.3 STREET ADDRESS	<input type="checkbox"/>
		3.4 CITY-ST-ZIP	<input type="checkbox"/>
		4.1 TITLE	<input type="checkbox"/>
		4.2 NAME	<input type="checkbox"/>
		4.3 STREET ADDRESS	<input type="checkbox"/>
		4.4 CITY-ST-ZIP	<input type="checkbox"/>
		5.1 TITLE	<input type="checkbox"/>
		5.2 NAME	<input type="checkbox"/>
		5.3 STREET ADDRESS	<input type="checkbox"/>
		5.4 CITY-ST-ZIP	<input type="checkbox"/>
		6.1 TITLE	<input type="checkbox"/>
		6.2 NAME	<input type="checkbox"/>
		6.3 STREET ADDRESS	<input type="checkbox"/>
		6.4 CITY-ST-ZIP	<input type="checkbox"/>

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99 (727) 532-4000  
 Date Day/Time Phone #

CR2E034 (1/198)