

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

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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017494 (3)

1. Corporation Name
A. L. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

4512 N ARMENIA AVE
TAMPA FL 33603
US

4512 N ARMENIA AVE
TAMPA FL 33603-2732
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1994		3a. Date of Last Report 09/04/1996	
21	6306 BENJAMIN RD	26	6306 BENJAMIN RD	4. FEI Number 59-3239993		Applied For Not Applicable	
Suite, Apt. #, etc. SUITE 612		Suite, Apt. #, etc. SUITE 612		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State TAMPA, FLA		City & State TAMPA, FLA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 33634	25	Country USA	29	Zip 33634	30	Country USA
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SIERRA, MICHAEL
100 SOUTH ASHLEY DRIVE
SUITE 1250
TAMPA FL 33602

81 Name ALBERT N. DOCOBO
82 Street Address (P.O. Box Number is Not Acceptable)
7145 PELICAN ISLAND DR
83
84 City TAMPA FL 85 Zip Code 33634

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

ALBERT N. DOCOBO

2-19-

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	PSD	1.1 TITLE	V D
NAME	DOCOBO, ALBERT N	1.2 NAME	ALBERT N DOCOBO
STREET ADDRESS	4512 N ARMENIA AVE	1.3 STREET ADDRESS	7145 PELICAN ISLAND DR.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FLA 33634
TITLE	VPTD	2.1 TITLE	PS D
NAME	PERET, LYNN M	2.2 NAME	LYNN M. DOCOBO
STREET ADDRESS	4512 N ARMENIA AVE	2.3 STREET ADDRESS	7145 PELICAN ISLAND DR
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FLA 33634
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

ALBERT N. DOCOBO 2-19-97 (813) 806-0096

CR2E034 (9/96)