


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90126 043 ***150.00

0397333

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000017494					
1. Corporation Name A. L. INVESTMENTS, INC.					
Principal Place of Business 6306 BENJAMIN RD SUITE 612 TAMPA FL 33634 US		Mailing Address 6306 BENJAMIN RD SUITE 612 TAMPA FL 33634 US			
2. Principal Place of Business 21 5425 CRENSHAW ST Suite, Apt. #, etc. 22		2a. Mailing Address 26 5425 CRENSHAW ST Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/28/1994	
City & State 23 TAMPA FLA Zip Country 24 33634 25		City & State 28 TAMPA FLA Zip Country 29 33634 30		4. FEI Number 59-3239993 Applied For Not Applicable	
9. Name and Address of Current Registered Agent DOCOBO, ALBERT N 10405 CARROLL COVE PLACE TAMPA FL 33618		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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.		10. Name and Address of New Registered Agent 81 Name DOCOBO ALBERT N 82 Street Address (P.O. Box Number is Not Acceptable) 5425 W. CRENSHAW ST 83 84 City Tampa FL 85 Zip Code 33634			
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	VD	<input type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCOBO, ALBERT N		1.2 NAME	DOCOBO ALBERT N.	
STREET ADDRESS	10405 CARROLL COVE PLACE		1.3 STREET ADDRESS	5425 CRENSHAW ST	
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP	TAMPA FLA 33634	
TITLE	PSD	<input type="checkbox"/> DELETE	2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCOBO, LYNN M		2.2 NAME	DOCOBO LYNN M.	
STREET ADDRESS	10405 CARROLL COVE PLACE		2.3 STREET ADDRESS	5425 W. CRENSHAW ST	
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY-ST-ZIP	TAMPA FLA 33634	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert V. Docobo

Date

4-24-99

Daytime Phone #

(813) 806-0096

CR2E034 (11/98)