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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000035918 (9)

AL & A	G, INC.					
Principal Plac	se of Business	Mailing Address				- 1
BOB B LAKESIDE PL. LANTANA FL 33462 US		309 LAKE AVENUE	309 LAKE AVENUE LAKE WORTH FL 33460-3906			
						3. Date Incorporated or Qualified   3a. Date of Last Report   05/12/1994   04/25/1996
·	Place of Business	2a. Mailing Address				4. FEI Number Applied For
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			65-0524885   Not Applicable   \$8.75 Additional
22		27	<u> </u>			5. Certificate of Status Desired Fee Regulred
City & Stat	16	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation has liability for intangible tax under s. 199.032,
24	25	29 30	<u> </u>			Florida Statutes Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	JRMAIS, PATRICIA		81	'  "	Name	
	LAKE AVENUE TE 100		82	82 Street Addre		ss (P.O. Box Number is Not Acceptable)
	KE WORTH FL 33460		83	3 -		
L-N	IL HOMM L COTO				· ·	
			84	ין י	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	poorul and life if our booking. ANOTE G	anistant d An		signature required	I when reinstating) DATE
12.		AND DIRECTORS	13.	Jerit 8	aignature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		<del></del>	Change Addition
NAME	LOURMAIS, PATRICIA J		1.2 NAME		İ	
STREET ADDRESS	309 LAKE AVENUE	1	1.3 STREET	1 ADI	DRESS	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-8	ST - Z	SIP.	
TITLE		DELETE	21 TITLE			Change Addition
NAME Street adoress			2.2 NAME 2.3 STREET		onice	
CITY-ST-ZIP			2 4 CITY-ST-ZI		ĺ	
TITLE		DELETE	3.1 TITLE	31-2		Change Addition
NAME :		· ·	3.2 NAME		1	
STREET ADDRESS			3.3 STREET	I ADI	DRESS	
CITY-ST-ZIP			3 4. CITY-	ST-7	719	
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME STORET ADDRESS			4. 2 NAME		DDEEC	•
STREET ADDRESS CITY-ST-ZIP		ł	4.3 STREET 4.4 CITY - 9		ľ	
TITLE		DELETE	5.1 TITLE	51-2	ur	Change Addition
NAME	1		5.2 NAME		}	
STREET ADDRESS			5 3 STREET	I ADI	DRESS	
CITY-ST-ZIP			5.4 City - 9	S1 - Z	(IP	
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET		1	
City-St-ZIP	by cartify that the information owner	died with this filling does not a rate of	6.4 CHY-S			n Section 110 07(2)(i) Elevide Statutes I forther continuity that the
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.						

**FILED** 

Apr 21 1997 8:00am

Secretary of State