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1995 MAY -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000036692 (9)**

1. Corporation Name
ALVAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
461 BAYSHORE DR CAPE CORAL FL 33904	461 BAYSHORE DR CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/16/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 **922 COURTINGTON LANE**
22 Suite, Apt. #, etc.
23 City & State: **FORT MYERS, FL.**
24 Zip: **33919** 25 Country: **USA**

2a. Mailing Address
26 **P.O. BOX 1044**
27 Suite, Apt. #, etc.
28 City & State: **CAPE CORAL, FL**
29 Zip: **33910** 30 Country: **USA**

4. FEI Number: **65-0536896** ☐ Applied For ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EDY, WILLIAM
201 NICHOLAS PKWY W
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name: **ALOYCE M. BLACK**
82 Street Address (P.O. Box Number is Not Acceptable): **3927 Southeast Eleventh Place**
83 **Unit A-106**
84 City: **Cape Coral** **FL** 85 Zip Code: **33904**

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: Aloyce Black — **ALOYCE M. BLACK, PRESIDENT** — **08 MAR 1995**
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	D	11 TITLE	☐ Change ☐ Addition
NAME	DIBIASI, VALERIE	12 NAME	
STREET ADDRESS	461 BAYSHORE DR	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BLACK, ALOYCE M	22 NAME	
STREET ADDRESS	3927 SE 11TH PL A-106	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Aloyce Black — **ALOYCE M. BLACK** — **08MAR95** — **(813) 549-2304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320008 CP