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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400038921 (0)

ALVERSON ENTERPRISES, INC.

Principal Plac 901 SW 27 AV FT. LAUDERDA US	/E	Mailing Address 2622 NW 33 ST #2001 FT. LAUDERDALE FL 33309-6478			
		US		3. Date Incorporated or Qualified 05/24/1994	3a. Date of Last Report 05/01/1996
	Place of Business F. D. WICKHAM RO	2a. Mailing Address	ukhan Rd.	4. FEI Number 65-0495374	Applied For
Suite, Apt.		Suite, Apt. #, etc.	Casteri No.	Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Held	outre, Fla	28 Mellouene	Fla	Trust Fund Contribution	Added to Fees
24 3 2 43	5 25 Drevard	29 32 035	Country DYCUALO		Yes No
A11	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
i	'arez, e. Mark 2 NW 33 ST	NAMEZ, E. MARK			
#2001 62 Street Address (P.				ress (P.O. Box Number is Not Acceptab	le)
	LAUDERDALE FL 33309		83	L D . WI COST TO	
			84 City		as Zin Code
			Hell	bouche	FL 32935
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stati	02 and 607.1508, Florida Statuti e of Florida. Such change was a	es, the above-named corp authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby acception	urpose of changing its registered to the appointment as registered
ауел. га	m familiar with, and accept the obliq	gations of, Section 607,0505, Flo	orida Statutes.		•
SIGNATURE.	Signature, typed or printed name of registered ag	gent and title if applicable (NOTI	E: Registered Agent signature requ	red when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D ANNADER E MADY	☐ DELETE	1.1 TITLE	MARK	Change Addition
NAME	ALVAREZ, E. MARK 2622 NW 33 ST #2001		1.9	104 N. WICKHAM Rd	
STREET ADDRESS	FT. LAUDERDALE FL		1.3 STREET ADDRESS	elliquede Pla 3293	۲
CITY- ST-ZIP TITLE	D DODERONGE TE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	ecoccies Piu Sago	Change Addition
NAME	WILLIAMSON, JAMES F	otten	2.2 NAME 4.3	illianson, Somes F	• El girande El vagation
STREET ADDRESS	2622 NW 33ST #2001		2.3 STREET ADDRESS	104 D. WICKHAM RO	•
CHY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	elbourne, Ag 329:	35
THE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
NAME			3.2 NAME	••	•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-7iP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME DEVICES LODGEGG			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C(TY+S1+2)P TITLE	//////////////////////////////////////	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		Record of the second of	5.2 NAME	•	Fire Average Fire settings
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - 7/P			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	* •	
STREET ADDRESS			6.3 STREET ADDRESS		
CHTV CT TID				·	

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 provided 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 provided the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or provided the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or provided the corporation or the receiver of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or provided the corporation or the receiver of the corporation or the receiv

4/24/97 407-752-870

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May 12 1997 8:00am

Secretary of State