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Mailing Address 9531 HAWKSMOOR LANE

SARASOTA FL 34238-3222

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

3a. Date of Last Report

27/97 941 966 7602

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043962 (7)

ALTO CLEF, INC.

Principal Place of Business

9531 HAWKSMOOR LANE SARASOTA FL 34238

CUV-ST-7IP

SIGNATURE:

3. Date Incorporated or Qualified 06/13/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0513402 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution П Added to Fees Country This corporation has liability for intangible tax under s. 199.032, 2π Country Zip 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name JAMES W. FAWCETT 9531 HAKSMOOR LANE Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34238 83 84 City 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 Stgriutine, typod or profest name of registered agent and title it applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE 1011 FAWCETT, JAMES W. NAME 1.2 NAME 9531 HAWKSMOOR LANE STREET ADORESS 1.3 STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition Change 3.1 TITLE TITLE NAM: 3.2 NAME 3.3 STREET ADDRESS STREEL ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition THUE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP DITY-ST-ZP DELETE Change Addition 5.1 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP City-St-ZiP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADORESS**

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 18 if changed, or on an attachment with an address.