

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000061451 (8)

1. Corporation Name

ALCY INCORPORATED



Principal Place of Business

747 SW SOUTH MACEDO BLVD
SUITE 16
PORT ST LUCIE FL 34983
US

Mailing Address

747 SW SOUTH MACEDO BLVD
SUITE 16
PORT ST LUCIE FL 34983
US

2. Principal Place of Business

2a. Mailing Address

21 747 SW SOUTH MACEDO BLVD

26 747 SW SOUTH MACEDO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PORT ST. LUCIE, FL

28 PORT ST. LUCIE, FL

Zip

Country

Zip

Country

24 34983

25 USA

29 34983

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0515521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

FRISENDA, NANCY
747 SW SOUTH MACEDO BLVD
~~SUITE 16~~
PORT ST LUCIE FL 34983

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 agent and title, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FRISENDA, ALEXANDER A JR
STREET ADDRESS 2099 SE AIROSO BLVD
CITY-ST-ZIP PORT ST LUCIE FL

TITLE SVP ☐ DELETE

NAME FRISENDA, NANCY L
STREET ADDRESS 2099 SE AIROSO BLVD
CITY-ST-ZIP PORT ST LUCIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

ALEXANDER A FRISENDA JR, President

4/29/96

Date

407-785-9537

Deputy Phone #

CR2E034 (12/95)