

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2459 Tommy's Turn Suite, Apt. #, etc. 22 City & State 23 Oviedo, FL Zip 24 32766 Country 25 USA	2a. Mailing Address 26 2459 Tommy's Turn Suite, Apt. #, etc. 27 City & State 28 Oviedo, FL Zip 29 32766 Country 30 USA
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3. Date Incorporated or Qualified 08/18/1994	4. FEI Number 65-0515521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent FRISENDA, NANCY 747 SW SOUTH MACEDO BLVD PORT ST LUCIE FL 34983	
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10. Name and Address of New Registered Agent	
81 Name Nancy Frisenda	82 Street Address (P.O. Box Number is Not Acceptable) 2459 Tommy's Turn
83	
84 City Oviedo	85 Zip Code FL 32766

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	FRISENDA, ALEXANDER A JR	1.2 NAME	Alexander A. Frisenda, Jr.
STREET ADDRESS	666 SE STUART AVE	1.3 STREET ADDRESS	2459 Tommy's Turn
CITY - ST - ZIP	PORT ST LUCIE FL	1.4 CITY - ST - ZIP	Oviedo, FL 32766
TITLE	SVP	2.1 TITLE	Sec / Vice - Pres.
NAME	FRISENDA, NANCY L	2.2 NAME	Nancy L. Frisenda
STREET ADDRESS	666 SE STUART AVE	2.3 STREET ADDRESS	2459 Tommy's Turn
CITY - ST - ZIP	PORT ST LUCIE FL	2.4 CITY - ST - ZIP	Oviedo, FL 32766
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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14. I 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.

SIGNATURE **Nancy Frisenda** 4/14/98 4/14/98 4/14/98 4/14/98

CR2E034 (10/97)