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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT	#	P
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94000065448 (0)

1. Corporation Name ALVA TECHNOLOGIES, INC.

Maiting Address

Principal Place of Business



4301 OAK CIRCLE DRIVE SUITE 198 BOCA RATON FL 33431			4301 OAK CIRCLE DRIVE SUITE 19B BOCA RATON FL 33431					
						3. Date Incorporated or Qualified 09/07/1994	3a. Date of Last Re 05/01/19	95
2. Principal Place	e of Business	2a. Madieg Addr				4. FEI Number 05 19498	├├ -	applied For
1		26				00 00 10 400		lot Applicable
Suite, Apt. #,	etc	Suite Apt. #	, etc			5. Certificate of Status Desired		Additional Required
City & State		City & State				6. Election Campaign Financing	1 1	Э Мау Ве
		28				Trust Fund Contribution		to Fees
Ziρ	Country	Zip	— h	Country		This corporation has liability for Florida Statutes	intangible tax under s No	199.032,
•	25	29	30			10. Name and Address of New F		
	9. Name and Address of Curr	elit Vediztelen väetit		81	Name			
LOUDEN	n, dave			82	Count Adde	ess (P.O. Box Number is Not Acceptat	ole!	
4301 0/	AK CIRCLE DRIVE SUITE 198	3			Street Addr	ess in .c. box rumber to rior reseptor		
BOCA F	RATON FL 33431			83				
				84	City		FL 85 Z	o Code
	the section of Contract CO7 OF	02 and 607 1508 Florid	la Statutes, the	above	L	ration submits this statement for the pu rd of directors. Thereby accept the app	nuose of changing its r	egistered offi
12.	gratize specific probability are of zerostranical OFFICERS /	AND DIRECTORS		13.	1 sq uture require	ADDITIONS/CHANGES TO OFF	CATE FICERS AND DIRECTO Change	ORS IN 12
ULE	D	□ DEI	.ETE	1 1 TIFLE			Change	Add-tion
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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)(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.

| RESIDE NT |

PRESIDENT.

PRESIDENT.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-750-8803