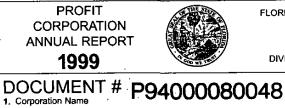
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ALRA CONSULTING, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90070 021 ***150.00



Principal Place of Business Mailing Address							
3120 S. OCEAN BLVD #1603 3120 S. OCEAN BLVD #16 PALM BEACH FL 33480 PALM BEACH FL 33480			1603			DO NOT WIDITE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	٦
						11/01/1994	1
2 Principal C	2a. Mailing Address	ng Addrocs			4, FEI Number Applied For	1	
<u> </u>						65-0535889 Not Applicable	┨
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	┪
¬ ` ' ' ' '		27		•	5. Certificate of Status Desired Fee Required	1	
22 City & State		City & State			6. Election Campaign Financing S5.00 May Be	٦	
23	• •	28				Trust Fund Contribution Added to Fees	1
Zip	Country	Zip Country				8. This corporation owes the current year Intangible	1
25		29 30				Personal Property Tax.	
-·1	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	1
			1	81	Name		
NIERMAN, ALLAN A				82	Street Address (P.O. Box Number is Not Acceptable)		
3120 S. OCEAN BLVD., #1603				-	00017		
PALM BEACH FL 33480				83			
			-	84	City	85 Zip Code	┪
ř					•	orporation submits this statement for the purpose of changing its registered	╛
office or a agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the object.	of Florida. Such change was ations of Section 607.0505, F	authorized Iorida Statu	by I	he corpora	ation's board of directors. I hereby accept the appointment as registered 4-21-99 DATE	
12.	•	ND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	╛
TITLE	PTSD	☐ DELETE 1.11		1.1 TITLE		☐ Change ☐ Addition	ij
NAME			1.2 NA	1.2 NAME			1
STREET ADDRESS 3120 S. OCEAN BLVD #1603			1.3 STREET ADDRESS		ADDRESS		ĺ
CITY-ST-ZIP			1.4 CR	1.4 CITY+ST-ZIP			
TITLE		☐ DELETE	2.1 TIT	LE		☐ Change ☐ Addition	1
NAME	ł		2.2 NA	MÉ			
STREET ADDRESS	- 23:		- 2.3 ST	2.3 STREET ADDRESS			l
CITY-ST-ZIP	·		2. 4 CI	2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE 3.1°		LE		Change Additio	n
NAME			3.2 NA	ME	- 1		Į
STREET ADDRESS	-		3.3 ST	REET	ADDRESS		
CITY-ST-ZIP			3.4. CI	TY-\$1	-ZIP		
TITLE		☐ DELETE	4.1 717	LΕ	1	☐ Change ☐ Additio	1
NAME			4. 2 N/	ME			
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP			4.4 CI	Y-ST	ZIP		_
TITLE		☐ DELETE	5.1 TIT	LE		☐ Change ☐ Additio	1
NAME			5.2 NA			•	1
STREET ADDRESS	1				ADDRESS		
CITY-ST-ZIP			5.4 CF	ry-st	-ZIP		_
TITLE							
	-	_ DELETE	6.1 TIT		1	☐ Change ☐ Additio	n
NAME	,	☐ DELETE	6.2 NA	ME	ADDRESS	☐ Change ☐ Additio	n

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 effectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-21-99 - 561-586-0146