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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000039388 (0)

ALONSO STUDIO INC.

Principal Place of Business

Mailing Address

4995 S. E. MARINER VILLAGE LANE STUART FL 34997

4995 S. E. MARINER VILLAGE LANE STUART FL 34997



	343 57	STUART FL 345	••		İ						
						 Date Incorporated or 05/17/1995 	Qualified	3a. Date o	of Last Re	eport	
	ace of Business	2a. Mailing Addres	38		4	4. FEI Number				Applied For	
21		26				13-27443	379			Not Applicable	
Suite, Apt 4	#, etc	Suite, Apt. #, 6	Suite, Apt. #, etc. 27			5. Certificate of Status D	Desired		\$8.75 Additional Fee Required		
City & State	,	City & State			(Election Campaign Fill Trust Fund Contribution				O May Be d to Fees	
Z p	Country	Zip		Country		B. This corporation has I		tangible tax			
4	25	29	30			Florida Statutes	☐ Yes	□ No			
	9. Name and Address of Cu	urrent Registered Agent				0. Name and Address	of New Re	gistered A	jent		
41.01104				81 N	ame						
), anthony m E. Mariner Village Lane		82 St	82 Street Address (P.O. Box Number is Not Acceptable)							
	FL 34997	•		83							
				84 Ci	ity			FL	85 Zip	p Code	
11 Pursuant to	o the provisions of Sections 607.	0502 and 607 1508. Florida	Statutes the	ahove name	ed corroration	submits this statement	for the nurr		oina ite r	onictored office	
or registere	ed agent, or both, in the State of th. and accept the obligations of,	Florida. Such change was au	uthorized by t	the corporati	ion's board of	directors. I hereby accep	pt the appo	intment as re	ging as n gistered	agent. I am	
SIGNATURE											
	Signature, typica or protect name of registered				nature required when			DATE			
ILF	PRE>IDENT	S AND DIRECTORS		13.	<u> </u>	ADDITIONS/CHANGE	S TO OFFIC				
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	4995 SE MAI	RINER VILLAGE L	ANE.	1.2 NAME							
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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 onth; 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 chapted, or or an attachment with an address.

SIGNATURE

ATTUDY M. MONTH MATTER NAME OF SIGNING OFFICER OF DIRECTOR

3-11-96

(401) 223-9253

32F034 (12/95)