

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90008 030 ***550.00

DOCUMENT # P95000039388

1. Corporation Name

ALONSO STUDIO INC.



Principal Place of Business
4995 S. E. MARINER VILLAGE LANE
STUART FL 34997

Mailing Address
4995 S. E. MARINER VILLAGE LANE
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1995

2. Principal Place of Business

2a. Mailing Address

1. Suite, Apt. #, etc.

28. Suite, Apt. #, etc.

2. City & State

27. City & State

3. Zip Country

29. Zip Country

4. FEI Number

13-2744379

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year
Intangible Personal Property.☐Yes ☐ No

9. Name and Address of Current Registered Agent

ALONSO, ANTHONY M
4995 S. E. MARINER VILLAGE LANE
STUART FL 34997

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

1. 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 reinstating)

DATE

OFFICERS AND DIRECTORS

1. NAME	P	<input type="checkbox"/> DELETE
2. STREET ADDRESS	ALONSO ANTHONY M	
3. CITY-STATE-ZIP	4995 SW MARINER VILLAGE LANE	
4. CITY-STATE-ZIP	STUART FL	
5. NAME		<input type="checkbox"/> DELETE
6. STREET ADDRESS		
7. CITY-STATE-ZIP		
8. NAME		<input type="checkbox"/> DELETE
9. STREET ADDRESS		
10. CITY-STATE-ZIP		
11. NAME		<input type="checkbox"/> DELETE
12. STREET ADDRESS		
13. CITY-STATE-ZIP		
14. NAME		<input type="checkbox"/> DELETE
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARY ALONSO
RESIDENT TREAS.

7/6/99 (561) 223-9255

Date

Daytime Phone #

Anthony M. Alonso - President
ANTHONY M. ALONSO

7/19/99 (561) 223-9255

CR2E034 (5/99)