FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P95000048713 (8)

ALYSI	AC, INC.													
Principal Place	of Business		М	ailing Address							HILL BEAR EDA	H WWILL KULLI I		8881 (1 58 8) iki i 8 81
7245 - 118TH TERRACE NORTH LARGO FL 34643				7245 - 118TH TERRACE NORTH LARGO FL 34643										
										Date Incorporated o 06/22/1995	Qualified	3a. Dat	te of Last	Report
2. Principal Place of Business				2a. Mailing Address					4.	. FEI Number				Applied For
21				26					<u> </u>				[x	Not Applicable
Suite, Apt. #, etc.				Surte, Apt. #, etc.					5.	Certificate of Status	Desired	\mathbf{Z}'		75 Additional e Required
City & State				City & State					6.	Election Campaign F	maneine			00 May Be
23				28					"	Trust Fund Contribut				ded to Fees
Zip	Country			Zip Cou			ntry			This corporation has	liability for	intangible t		
24	25		29	29 30				Florida Statutes 🔲 Yes 💢 No						
	g. Name and Address of Curren			Registered Agent					10.	Name and Addres	s of New R	legistered	Agent	
						81	Na	me						
SMITH, WALTER E ESQ							Str	eet Addre	tress (P.O. Box Number is Not Acceptable)					
1301 - 4TH STREET NORTH ST. PETERSBURG FL 33701							l							
VI. 1 L1	LITODONA	1 2 00/01				-								
						84	Cit	ÿ				FL	85	Zip Code
or registere	ed agent, or	ons of Sections 607.03 both, in the State of F of the obligations of, S	iorida. Sucr	n change was author.	red by the	ove-n	namie oratio	d corpora on's board	tion s	submits this statemen firectors. Thereby acce	for the purept the app	pose of ch ointment a	anging its s registere	s registered office ed agent. I am
SIGNATURE	ii, and accep	of the obligations of, 3	ection 607.	0303, Florida Statute	٦.									
SIGNATURE _	Signature, typed o	or printed name of registered a	jont and she ta	a _r opis alsie (N	OTE Registere	s Ag⊷n	it signa	turo respured t	whoo n	enstiting)		DATE		
12.		OFFICERS /	AND DIREC		13.			·		ADDITIONS/CHANG	STOOFF	ICERS AN	DIRECT	ORS IN 12
TITLE	D			DELFTE	1. 1	TITLE							☐ Change	e 🔲 Addition
NAME		r, delores v			12 N	AME								
STREET ADDRESS		118TH TERRACE N	IORTH		135	TREET	ADDR	SS						
CITY-ST-ZIP		FL 34643				ITY-S	i - ZIP							
TITLE	D	D DODEDT W		DETE LE	2.1								Change	Addition
NAME		R, ROBERT W	IODTU		221									
STREET ADDRESS		118TH TERRACE N FL 34643	IUHIH				ADOR:	iss						
CITY - ST - ZIP	D	FL 34043		DELETE		ITY-S	1 - 2iP						Chone	- Dadition
NAME.	_	AULT, STEPHAINE	.i	L Patent	3 1 3 2 N								Change	Addition
STREET ADDRESS 7245 - 118TH TERRACE NOR							I ASIND	ree						
CITY - ST - ZIP		FL 34643	•••••			17Y - S		L33						
TITLE	D	<u> </u>		DEL ETE	4 1		11 -211						Change	e
NAME	ROWE.	TERESA B			421	AME						,		
STREET ADDRESS		118TH TERRACE N	IORTH		435	TREET	ADDRI	ESS						
CITY-ST-ZIP	LARGO	FL 34643				HY-S								
TITLE				DELFTE	5 13								Change	e 🔲 Addition
NAME					52 N	AME								
STREET ADDRESS					538	TREE	ADDRI	SS						
City - St - ZiP					540	ITY-S	1-712							
TIFLE				☐ DELETE	6 1 1	ITLE							Change	Addition
NAME					62 N	AME								
STREET ADDRESS					638	1 BEET	ADDRI	ss						
CITY-ST-ZIP		Manager 1	1 (4 4)		640	ITY - ST	7 - Z:P							

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.01-96

813-535-6996