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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065609 (6)

A.L.S. SALES, INC.

Principal Place of Business

Mailing Address

FILED May 07 1998 8:00am Secretary of State



SUMPISE FL :	VEST 129TH TERRACE 33323	1402 NORTHWEST 12 SUNRISE FL 33323	9TH TERRACE					
		Oblinioe FE Observ			DO NOT WRIT	E IN THIS SP.	ACE	
					3. Date Incorporated or Qualified			
					08/24/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		TA	pplied For
21		26			65-0604823		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22		27		5. Certificate of Status Desired		Fee R	equired	
City & State	8	City & State			6. Election Campaign Financing	.,	\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Z ip	Country	Zip	Countr	У	8. This corporation owes or has p	aid the curtor	t year In	tangible
24	25	29	30		Personal Property Tax due Juni	e 30. 🔣	Yes [] No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	egistered Ag	ent	
THI	E LAW FIRM OF LAWRENCE J :	Spiegel Chrtd	81	Name				
343	ALMERIA AVENUE		82	Street Add	dress (P.O. Box Number is Not Accepta	hla)		
CO	RAL GABLES FL 33134		"	Oli oct Alde	areas (1.0. box Hamber is Not Accepta	10.07		
			83					
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			84	City		Fi	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607,1508, Florida Sta	itutes, the abov	re-named cor	rporation submits this statement for the	purpose of ch	ianging i	ts registered
office or r	egistered agent, or both, in the State	e of Honda, Such change wa	as authorized b	y the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appoir	tment as	registered
	iff farmings with, and accept the offing	JAROUS OF, SECTION 007,0000,	FROIRGA SIBIULE	15.				
SIGNATURE								
	Skinatura, brood or oboduct rathe of robe ferred an	ent and little if apply able 11	VCIII Registered Ac	ent wansture requ	ured when raioslating)	DATE		
	Signature, typod or profind name of reportered ing OFFICERS AN			gent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	RECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	pent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFE	CERS AND D	RECTO	RS IN 12
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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 13 if changed, or on an attachment with an address.

SIGNATURE:

MO TYPED OR PRINTED HAME OF MAINING OFFICER OF DIRECTOR

4/28/98

Daytime Phone # 0293766