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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P95000073325 (9)

ALC PROPERTIES, INC.							
Principal Place of	Business	Mailing Address				(180(180) (18 (515) 610) Sale Sale Sale Sale Sale (1200 100)	
1055 VAN BUREN STREET HOLLYWOOD FL 33019		1055 VAN BUREN STREET HOLLYWOOD FL 33019					
						3. Date Incorporated or Qualified 09/21/1995	
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number Applied For Not Applied Applied For Not Applicable	
21		26				65-0626866 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc		Suite Apt. #, etc.				5. Certificate of Status Desired Fee Required	
22		27				Election Campaign Financing \$5.00 May Be	
City & State		Oity & State				Trust Fund Contribution Added to Fees	
23	Country	7/p	Count	try	.~	8. This corporation has lability for intangible tax under s 199.032,	
Zip	25 Cocintry	29	30	•		Florida Statutes	
24	9. Name and Address of Curr					10. Name and Address of New Registered Agent	
-	<u>** 1</u>		8	B1	Name		
TESSIER, ALAIN				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
1055 VA	AN BUREN ST.		L	L			
	WOOD FL 33019		[8	83			
	· + - = · = · · · · · ·		<u> </u>	84	City	85 Zip Code	
11. Pursuent to the provisions of Sections 607,0502 and 607,1508, Florida Statu			ĺ		•	FL	
SIGNATURE.	igrative types or protectiva serolino (svenes a OFFICERS	AND DIRECTORS	prite Buyered Aged signature forth		signature respir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			1 1 TIFLE		El change El Addition	
NAME	TESSIER, ALAIN		1.2 NA				
STREET ADDRESS 1055 VAN BUREN ST.		j		1 3 STREET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL 33019			1.4 CITY - ST - ZIP		Change Addition	
TITLE		☐ DELETE					
NAME				2.2 NAME 2.3 STREET AOORESS			
STREET ADDRESS							
CITY - ST - ZIP		DELE1E	2 4 Ci		1 - 2 17	Change Addition	
TITLE			3 2 NA			rational section of the section of t	
NAME					ADDRESS		
STREET ADDRESS			3.4 CI				
CITY-ST-ZIF TITLE		DELETE				Change Addition	
NAME		_	4.2 N/	AME			
STREET ADDRESS			4.3 \$1	IPEET	ADDRESS		
CITY-ST-ZIP		_		IIY⊸S	T ZIP	Addition	
THILE	- Theirie		£ 511	5 1 TiTLE		900001808989 Addition -05/06/9601036024	
NAME			52 N	AME		-05/06/9601036024	
STREET ADDRESS			535	TREET	ADDRESS	***200.00	
CITY - ST - ZIP		<u></u>			ST - 21F	Change Addivin	
TITLE		☐ DELET				J. Grange J. Aug	
NAME			62 N		t ADODECC	qo,	
STREET ADDRESS					T ADDRESS	5-1-4	

ATURE HO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 certify that I am an officer or director of the corporation or the receiver or justee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brock 12 or Brock 13 if changes of your an attraction of the corporation of the receiver of justee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brock 12 or Brock 13 if changes of your an attraction of the corporation of the receiver of justee.

SIGNATURE:

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)