## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075055 (0)

AL INDUSTRIES, INC.

## FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
Principal Place of Business Mailing Address 6120 N.W. 11TH ST. 6120 N.W. 11TH ST.						40		
6120 N.W. 111 SUNRISE FL 3			SUNRISE FL 33313				0010=	
						DO NOT WRITE IN THIS	SP'AUE	
						3. Date Incorporated or Qualified 09/28/1995		
2. Principal Pl	ace of Business	2a. Mailing Addres	SS			4. FFI Number	-	Applied For
21		26				65-0615366		Not Applicable
Suite, Apt. (	F, etc	h1	Suite, Apt. #, etc			5. Certificate of Status Desired		Additional Required
22		City & State						
City & State	ı	1 1				<b>6.</b> Election Campaign Financing Trust Fund Contribution		0 May Be of to Fees
<b>23</b> Ζτρ	Country	28   	Col	intry		This corporation owes or has paid the cu		
24	25	29	30					No No
24	9. Name and Address of Curr		1901	Г		10. Name and Address of New Registered		
REY	(NOLDS, ALLAN K			81	Name			
6120 N.W. 11TH ST.					Stroot Adder	ess (P.O. Box Number is Not Acceptable)		
SUNRISE FL 33313					Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City		85 Zir	Code
				1	City	FL	.	
SIGNATURE						oration submits this statement for the purpose on on's board of directors. I hereby accept the appropriate the statement of t	oointment a	as registered
	Stynarum, typed or printed name of mystered	ND DIRECTORS	(NOTE Registere	d Ager	nt signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIBECTO	)RS IN 12
12. TITLE	D OFFICENS A	DEI		ITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/OFFANGES TO STETISETICAL	Change	
NAME	REYNOLDS, ALLAN K	<b></b>	1.2 N				•	
STREET ADDRESS	6120 N.W. 11TH ST.				ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33313			::::::::::::::::::::::::::::::::::::::				
TITLE		☐ DEL					Change	Addition
NAME			2 2 N	AME				
STREET ADDRESS			2.3 S	IREET A	ADDRESS			
CITY-ST-ZIP			2.40	CITY - S	1- <b>Z</b> (P			
TITLE		Dri					Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 \$	TREET	ADDRESS			
CITY-ST-ZIP				CITY - S	T - 2(P			
TITLE		□ DEL					Change	Addition
NAME				NAME				
STREET ADDRESS			4.3 S	THEET	ADDRESS			
CITY-S1-ZIP				11Y-S1	1-7IP		Chara	Addition
TITLE		☐ DEI					∐ Change	: L.J AUGITION
NAME			5.2 N					
STREET ADDRESS					ADDRESS			
City - St - ZiP		T per		ITY-S	1-ZIP		Change	Addition
TITLE		☐ DEI					Criange	ריין אינטוווטוז
NAMÉ			6.2 N					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		with this bline does not s		(Operal		Section 119 07(3Vi) Florida Statutes Lituriber of	ortify that th	he information

4. 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 of supplymental a initial 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 appears 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 or an exactment with an address.

CICNATURE.

4/18/53

554-584-5686

R2E034 (10/97)