## 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 # P95000085239 (8)

ALERT BUSINESS SERVICES, INC.

## FILED Mar 06 1998 8:00am Secretary of State

| ALLIN                    | BOSINESS SENVICES, INC  | ,·                             |  |   |                                       |
|--------------------------|---|--------------------------------|--|---|---------------------------------------|
| Principal Place          | e of Business   | Mailing Address                |  |   | FINITE BUILT CHRED WHICH STATE 1841 - |
| 6149 POINTE REGAL CIRCLE |   | 6149 POINTE REGAL              | CIRCLE   | 1   |                                       |
|                          |   | DELRAY BEACH FL                |  | DO NOT MOTE IN T  | HC CDACE                              |
|                          |   |                                |  | DO NOT WRITE IN THE 3. Date Incorporated or Qualified   | 115 SPACE                             |
|                          |   |                                |  | 1   |                                       |
| 9 Principal Pi           | lace of Business  | 2a. Mailing Address            |  | 11/06/1995<br>4. FEI Number   | Applied For                           |
| 21                       | add to trosmos  | 26                             |  | 65-06 19279   | Not Applicable                        |
| Suite, Apt. #, etc       |   | Suite, Apt #, etc.             |  |   | \$8.75 Additional                     |
| 22                       |   | 27                             |  | <b>6.</b> Certificate of Status Desired   | Fee Required                          |
| City & Stato             |   | City & State                   |  | 6. Election Campaign Financing  | <b>\$5.00</b> May Be                  |
| 23                       |   | 28                             |  | Trust Fund Contribution   | Added to Fees                         |
| Zip                      | Country   | <b>Ζ</b> φ                     | Country  | 8. This corporation owes or has paid the  |                                       |
| 24                       | 25  | [29]                           | 30   | Personal Property Tax due June 30.  10. Name and Address of New Register                          | Yes No                                |
|                          | 9, Name and Address of Curre  | nt Hegistered Agent            | 81 Name  | 10. Name and Address of New Hegister  | on yanır                              |
|                          | RVIN SNOW   |                                |  |   | <u> </u>                              |
| 6149 POINTE REGAL CR     |   |                                | 82 Street Add  | Iress (P.O. Box Number is Not Acceptable)   |                                       |
| DEI                      | LRAY BEACH FL 33484   |                                | 83   |   |                                       |
|                          |   |                                |  |   |                                       |
|                          |   |                                | 84 City  | ı   | 35 Zip Code                           |
| 11. Pursuant             | to the provisions of Sections 607 05  | 02 and 607.1508, Florida S     | talutes, the above-named cor                         | poration submits this statement for the purpos<br>ation's board of directors. I hereby accept the |                                       |
| office or r              | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | c of Horida, Such change v     | vas authorized by the corpora<br>5. Florida Statutes | ation's board of directors. I hereby accept the   | appointment as registered             |
|                          | m laning with and necessarine may   | THOO IS ON CASCAGA CONTROLLING | 5, 1 londia ottados.                                 |   |                                       |
| SIGNATURE                | Signature, typed or pented ruses of iconstered in                               | e of and title if applicable   | (N()1E Flugistered Agent signature requ              |   |                                       |
| 12.                      | OFFICERS AN   | ND DIRECTORS                   | 13.  | ADDITIONS/CHANGES TO OFFICERS   |                                       |
| TITLE                    | PD  | DELETE                         | 1.1 TITLE  |   | Change Addition                       |
| NAME                     | SNOW, MARVIN  |                                | 1.2 NAME   |   |                                       |
| STREET ADDRESS           | 6149 POINTE REGAL CIRCLI  | E                              | 1.3 STREET ADORESS                                   |   |                                       |
| CITY-ST-ZIP              | DELRAY BEACH FL 33484   |                                | 1.4 CITY - ST - ZIP                                  |   | Change Addition                       |
| TITLE                    |   | ☐ DELETE                       |  |   | Ci citalife Ci voorton                |
| NAME                     |   |                                | 2.2 NAME   |   |                                       |
| STREET ADDRESS           |   |                                | 2.3 STREET ADDRESS                                   |   |                                       |
| CITY-ST-ZIP              |   | DELETE                         | 2.4 CITY-ST-ZIP<br>3.1 TITLE                         |   | ☐ Change ☐ Addition                   |
| TITLE                    |   | La better                      | 3.2 NAME   |   |                                       |
| NAME<br>STREET ADDRESS   |   |                                | 3.3 STREET ADDRESS                                   |   |                                       |
| CITY-ST-ZIP              |   |                                | 3.4. CITY - ST - ZIP                                 |   |                                       |
| TITLE                    |   | DELETE                         |  |   | Change Addition                       |
| NAME                     |   |                                | 4. 2 NAME  |   |                                       |
| STREET ADDRESS           |   |                                | 4.3 STREET ADDRESS                                   |   |                                       |
| CITY-ST-ZIP              |   |                                | 4.4 CITY-ST-ZIP                                      |   |                                       |
| TITLE                    |   | ☐ DELFTE                       |  |   | Change Addition                       |
| NAME                     |   |                                | 5 2 NAME   |   |                                       |
| STREET ADDRESS           |   |                                | 5 3 STREET ADDRESS                                   |   |                                       |
| CITY-ST-ZIP              |   |                                | 5.4 CITY-ST-ZIP                                      |   |                                       |
| THILE                    |   | DELETE                         | 6 1 TITLE  |   | Change Addition                       |
| NAME                     |   |                                | 6.2 NAME   |   |                                       |
| STREET ADDRESS           |   |                                | 6.3 STREET ADDRESS                                   |   |                                       |
| Crty-St-ZiP              | <u></u>   |                                | 6.4 CITY-ST-ZIP                                      | n Section 119 07(3Vi) Florida Statutes   furth  | or portify that the Information       |

4. I hereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Informatic indicated on this annual report or supplemental annual report is true and object 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plack 12 it chaptered for one or patients.

CIGNATURE.

Hawa Jun

2/27/18