FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000095990 (4) A.L.F. ACQUISITIONS, INC. Principal Place of Business Mailing Address 750 STARKEY ROAD 3011 DE LEON ST SUITE 101 TAMPA FL 33609 DO NOT WRITE IN THIS SPACE **LARGO FL 34641** 3. Date Incorporated or Qualified 12/19/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3359770 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent HILDRETH, MARK D 240 S. PINEAPPLE AVENUE (P.O. Box Number is Not Ac 82 Vot Acceptable) **10TH FLOOR B3** SARASOTA FL 34236 2700 84 City Zip Code 33602 TAMPA 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 4/29 **SIGNATURE** (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE MOSES, MICHAEL NAME 1.2 NAME 750 STURKEY RD STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN, 12 CR2E034 (10/97 Addition Change Addition CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 CITY-ST-ZIP

14. 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 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:

4/13/98

(813)585-7381