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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023741 (7)

J. RICHARD ALLISON INVESTMENTS, INC.

226 KENLYN RO PALM BEACH F		226 KENLYN ROAD PALM BEACH FL 33480-3108						
					3. Date Incorporated or Qualified 03/13/1996	3a. Date	of Last Re	port
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
์ อาเ	La Rerta Way	26 271 LA Puer.	14 W	ev	65-0652842		Not	Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.	_		6. Certificate of Status Desired		\$8.75 A	
22 Palmi	Beach Fl	27 Palm Acidh	FI				Fee Rec	····
City & State		City & State			6. Election Campaign Financing	_	\$5.00 h	
23 <u>33</u> 48		28 33470	Cour	- Ferri	Trust Fund Contribution		Added to	
Zip Til saak	Country	Zip		ด ับรท	This corporation has liability for Florida Statutes	intangible ta Yes		199.032,
24 134	9. Name and Address of Curren		10 40	ρ <u>0-11</u>	10. Name and Address of New R			
ALLISON, J R 226-KENLYN-ROAD				81 Name	Richard Allison			-
	M BEACH EL 33480			82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
FACE	M BENOTICE SOTO			83				
				Palv	n Beach, Fl.		A=1 3:- 6	
				84 City		FL	85 Zip C	ဗိုဗ္ဓီပ
office or re	o the provisions of Soctions 607.050 egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was at	ithorized	by the corporal	oration submits this statement for the tion's board of directors. I hereby according	purpose of c pt the appoi	hanging its ntment as r	registered egistered
SIGNATURE		MOTE:	Pagistarad	Agent signature requi	rod when reinstating)	DATE		
12.	Signature, typied or printed name of registered age OFFICERS AN		13.	Agent signatore requi	ADDITIONS/CHANGES TO OFFI		DIRECTORS	S IN 12
TITLE	D	DELETE	1110	LE T	President socreti	·	Change	Addition
NAME	ALLISON, J R		1.2 NA	ME	7 RILLAVO Allison	, r		
STREET ADDRESS	226-KENLYN-ROAD		1.3 ST	REET ADDRESS	STI LO WEITH MY	,		
City-St-20	PALM BEAGH FL 33480			Y-ST-ZIP	Palm ACH FI 33	480		
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STREET ADDRESS			23 ST	REET ADDRESS				
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TITLE		DELETE	3.1 [1]	LE			Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 S1	REET ADDRESS				
City-S1-7iP			3.4. CI	TY-ST-ZIP				
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NAME			4. 2 N.	AME				
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City-St-7IP			4.4 CI	TY-\$T-ZIP				
TITE!		☐ DELETE	5.1 (1	ILE .		l	Change	Addition
NAME			5.2 NA	ME				ĺ
STREET ADORESS			5.3 ST	REET ADDRESS				1
CITY+ST-ZIP			5.4 CI	TY-ST-ZIP			—	
TITLE		☐ DELETE	6.1 TI	TLE		Į	Change	Addition
NAME			62 N	AME				
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DITY-SI-ZP	<u></u>			TY-ST-ZIP				4b.a
informatic Lam an o	indicated on this annual tapart or	supplemental annual report is tr r the receiver or trustee empowe	ue and a ered to e	accurate and the	id in Section 119.07(3)(i), Florida Statu at my signature shall have the same te on as required by Chapter 607, Florida	dal effect as	it made und	oer oatn: that

SIGNATURE:

561-655-5663

FILED

Apr 04 1997 8:00am

Secretary of State