


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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90138 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032029**

1. Corporation Name
ALDCO CORP.



Principal Place of Business 20 CLAXTON PLACE ASHEVILLE NC 28801	Mailing Address 20 CLAXTON PLACE ASHEVILLE NC 28801
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1996		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 1030 SW 46 Ave.	2a. Mailing Address 26 1030 SW 46 Ave	4. FEI Number 65-0707749	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22 207	Suite, Apt. #, etc. 27 207	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL		
Zip 24 33069	Country 25 USA	Zip 29 33069	Country 30 USA

9. Name and Address of Current Registered Agent SELTZEN, JERALD A 1335 CLEVELAND RD MIAMI BEACH FL 33141		10. Name and Address of New Registered Agent 81 Name Jerald A. Seltzer 82 Street Address (P.O. Box Number is Not Acceptable) 1030 SW 46 Ave #207 83 84 City Pompano Beach FL 85 Zip Code 33069	
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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.

SIGNATURE  **Jerald A. Seltzer** DATE **2/23/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> DELETE SELTZER, JERALD A 20 CLAXTON PLACE ASHEVILLE NC 28801	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jerald A. Seltzer 1030 SW 46 Ave #207 Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerald A Seltzer <input type="checkbox"/> DELETE 1030 SW 46 ave #207 Pompano Beach, FL 33069	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/99 954-968-1860

CR2E034 (11/98)