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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000068081 (4)

ALLOYS INTERNATIONAL, INC.

Principal Place of Business 245 RED ROSE CR ORLANDO FL 32835		Mailing Address 8879 W COLONIAL DR SUITE #108 OCOEE FL 34761-6956				
					3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3401916	Applied For Not Applicable
Suite, Apt. # etc.		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
Cily & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Gountr 30	y 		Yes No
VID	9. Name and Address of Current CHEN, SCOTT	t Hegisterea Agent	81	Name	10. Name and Address of New Re	gistered Agent
	RED ROSE CR		82			
ORLANDO FL 32835				Street Add	ress (P.O. Box Number is Not Acceptat	ole)
J.,_			83			······································
				0		Intel 7 - Code
			84	City		FL 85 Zip Code
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						
12.	Signature hypertics perced over a chiegastered ages OFFICERS AND		TE Registered Ac	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
THILE	DIRECTOR , PRES, SE	C TREAS DELETE	1.1 TITLE		7,507,107,07,117,102,07,0	☐ Change ☐ Addition
NAME	KIRCHEN, SCOTT		1.2 NAME			-
STREET ADDRESS DUG RED ROSE CR		2	1.3 STREET ADDRESS			
City-St-ZiF	246 RED ROSE CH ORLANDO, FL 32	835	1.4 CITY - ST - ZIP			
TITLE	☐ DELETE		2.1 TITLE			Change Addition
NAME			22 NAME			
STREET ADORESS			2.3 STREE	T ADDRESS		
CITY-S1-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY - ST - ZIP	.	T	3.4 CITY	ST-ZIP		
TITLE .		☐ DELETE	4 1 TITLE			Change Addition
NAME			4. 2 NAM	1		
STREET ADDRESS				T ADDRESS		
CHY-ST-ZIP	1. ZIP DELETE		4.4 City-			Change Addition
TiTLE			51 TITLE	ŀ		THE CHARGE THE MODITION
NAME PERCET APODECO			5.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - 6.1 TITLE	S1-ZIP		Change Addition
TITLE		□ DECETE	6.1 HILE 6.2 NAME			□ custife □ vanision
NAME OTREET ADDRESS						
STREET ADDRESS				T ADDRESS		
CITY-ST-7IP	ĺ		6.4 CITY-	31-6P		

14. I do 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (407)292-9697

FILED

Jan 23 1997 8:00am

Secretary of State

Daytime Phone #