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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29 1998 8:00am Secretary of State

1. Corporation	AL ESTATE BUYERS, INC.	0077836 (0	))		
Principal Place of Business Mailing Address					
504 S FEDERAL HWY 4215 TRANQUILITY DRIVE DEERFIELD BCH FL 33441 HIGHLAND BEACH FL 33487					
US	OII) & WITI	THURSON DEMON FO	99191	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		09/18/1996 4. FEI Number	Applied For
21	add of Dadis lood	26		65-0697225	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 g. Name and Address of Currer	29 29 Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No
CE		it negistered Agent	81 Name	10. Maine and Address of New Hegister	au Agent
4915 TOANOUILITY DOINE					
HIGHLAND BEACH FL 33487			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
THORIE WAS DETERMINED TO TO			83		
			84 City		85 Zip Code
and the second s			-  ,	F	L     `
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Sta of Florida. Such change wa	tutes, the above-named cor as authorized by the corpora	poration submits this statement for the purpose ation's board of directors, I hereby accept the a	of changing its registered ppointment as registered
1	m ramiliar with, and accept the oblig	ations of, Section 607.0505,	rionga Statutes.		
SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable (f	NOTE: Registered Agent signature requ	alred when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D CEDUCEE DALBINE	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	GERHOFF, PAULINE 4215 TRANQUILITY DRIVE		1.2 NAME		
STREET ADDRESS	HIGHLAND BEACH FL 33487		1.3 STREET ADDRESS		
CITY-ST-ZIP	THORIENTO BEACTITE 33407	L DELETÉ	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		E Grange E Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		Onlings Addition[
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY - ST - ZIP			6.4 CITY+ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 trusted empowered to except the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one and trachment with an address.