

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080734 (2)

99 MAR 17 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name:
A. L. S. SPECIALTIES, INC.

Principal Place of Business: **1032 S.E. 19th Place Cape Coral, FL. 33990**

Mailing Address: **1032 S.E. 19th Place Cape Coral, FL. 33990**

2. Principal Place of Business: **9126 Swiss Blvd. Punta Gorda, FL. 33950 USA**

2a. Mailing Address: **9126 Swiss Blvd. Punta Gorda, FL. 33950 USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09-30-1996**

4. FEI Number: **65-0694164**

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent:
**Smith, Audrey L.
1032 S.E. 19th Place
Cape Coral, FL. 33990**

10. Name and Address of New Registered Agent:
81 Name: **Smith, Audrey L.**
82 Street Address (P.O. Box Number is Not Acceptable): **9126 Swiss Blvd.**
83 City: **Punta Gorda FL** 85 Zip Code: **33950**

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. The hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Audrey Lynn Smith* PRESIDENT **AUDREY LYNN SMITH** 3/14/99

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	Smith, Audrey L.	
STREET ADDRESS	1032 S.E. 19th Place	
CITY-ST-ZIP	CAPE CORAL, FL. 33990	
TITLE	D	[] DELETE
NAME	Smith Millard L.	
STREET ADDRESS	1032 S.E. 19th Place	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add New
12 NAME	Smith, Audrey L.	
13 STREET ADDRESS	9126 Swiss Blvd.	
14 CITY-ST-ZIP	Punta Gorda, FL 33950	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add New
22 NAME	Smith, Millard L.	
23 STREET ADDRESS	9126 Swiss Blvd.	
24 CITY-ST-ZIP	Punta Gorda, FL 33950	
31 TITLE		[] Change [] Add New
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Add New
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Add New
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Add New
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Audrey Lynn Smith* **AUDREY LYNN SMITH** 3/14/99 941-772-2180
PRESIDENT

CR2E034 (4/1/98)