02-22-1999 90022 001 ***150.00

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 # P9600090083

1. Corporation	AL MANUFACTURING GRO							
Principal Place of Business Mailing Address								
6800 BENJAMIN ROAD 6800 BENJAMIN ROAD								
TAMPA FL 33634-4496 US			ь		DO NOT WRITE IN THIS SPACE			
		00			3. Date Incorporated or Qui	alifed		
					10/30/1996			(
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			59-3407517		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc).		5. Certifcate of Status Desir	red 🛚	\$8.75 A	
22		27			5. Certificate of Status Desir		Fee Red	uired
City & State	e	City & State			6. Election Campaign Finar	icing 🖂	\$5.00 N	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country Zip		Cour	itry	8. This corporation owes the	e current year Ir		. 1
24	25	29	30		Personal Property Tax.	 _		_No
	9. Name and Address of Curre	nt Registered Agent		04	10. Name and Address of I	lew Registered	d Agent	}
HODGES, GEOFFREY TODD 400 NORTH TAMPA STREET SUTIE 250					Address (P.O. Box Number is Not A	cceptable)		
TAMPA FL 33602				84 City			. 85 Zip C	ode
			Į.			F	┗╽╽╵╻	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida. Such change values of, Section 607.050	was authorized 5, Florida Statu	by the corpo tes.	oration's board of directors. I hereby	accept the app	pintment as reg	istered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	SD	☐ DELE	ŦΕ 1,1 TITI	Æ	5VD		Change	☐ Addition
NAME	GOLDBERG, BARBARA P		1.2 NA	WE				
STREET ADDRESS	6800 BENJAMIN ROAD		1.3 STF	REET ADDRESS				ļ
CITY-ST-ZIP	TAMPA FL 33634-4496		1.4 CIT	Y-ST-ZIP				
TITLE	PTD	DELE	TE 2.1 TIT	LE			Change	Addition
NAME	GOLDBERG, JEFFREY		2.2 NA	ΜE	GOLDBERG, JEFFREY L		•	ĺ
STREET ADDRESS	6800 BENJAMIN ROAD		2.3 STI	REET ADDRESS	"			
CITY-ST-ZIP	TAMPA FL 33634-4496		2. 4 CF	ry-st-zip .	,		<u> </u>	
TITLE	VD	☐ DELE					☐ Change	Addition
NAME	LITTLE, DAVID H		3.2 NA	ME		-		}
STREET ADDRESS	6800 BENJAMIN ROAD		3.3 ST	REET ADDRESS				Ì
CITY-ST-ZIP	TAMPA FL 33634-4496		3.4. CI	TY-ST-ZIP			_	
TITLE		☐ DELE	TE 4.1 TIT	LE .			☐ Change	Addition
NAME			4. 2 NA	ME				\
STREET ADDRESS			4.3 STF	REET ADDRESS	}			ł
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELE					☐ Change	☐ Addition
NAME			5.2 NA	ME		·		
STREET ADDRESS:			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				}
Tm c		□ DELE	TF 6.1 TIT	LE			☐ Change	Addition

CITY-ST-ZIP 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, of on attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

D. GOLDBERG RESIDENT