

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

FILED
May 21 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000102511 (8)

1. Corporation Name

ALTEA CORPORATION

Principal Place of Business

Mailing Address

2640 GOLDEN GATE PKWY
SUITE 202
NAPLES FL 34105

2640 GOLDEN GATE PKWY
SUITE 202
NAPLES FL 34105-3220

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| 3. Date Incorporated or Qualified 12/16/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0752295 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE, ROGER B
2640 GOLDEN GATE PKWY
SUITE 202
NAPLES FL 34105

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008470

CP2E034 (9/96)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

5/14/97
EIN **65-0752295**
OMB No. 1545-0003
Expires 12-31-96

| | | |
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| Please type or print clearly. | 1 Name of applicant (Legal name) (See instructions.) Dagven Lorch-Falch | |
| | 2 Trade name of business, if different from name in line 1 Alfa Corporation | 3 Executor, trustee, "care of" name |
| | 4a Mailing address (street address) (room, apt., or suite no.) 2440 Golden Gate Parkway, suite 202 | 5a Business address, if different from address in lines 4a and 4b |
| | 4b City, state, and ZIP code Naples, Florida 34105 | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located Collier County, Florida | |
| | 7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 590-53-8482 | |
| | Dagven Lorch-Falch | |

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| 8a Type of entity (Check only one box.) (See instructions.) | <input type="checkbox"/> Estate (SSN of decedent) | <input type="checkbox"/> Trust |
| <input checked="" type="checkbox"/> Sole Proprietor (SSN) 590-53-8482 | <input type="checkbox"/> Plan administrator-SSN | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> Other corporation (specify) |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> National guard | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) | <input type="checkbox"/> Church or church controlled organization | |
| <input type="checkbox"/> Other (specify) ▶ | (enter GEN if applicable) | |

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| 8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ Florida | State Florida | Foreign country |
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| 9 Reason for applying (Check only one box.) | <input type="checkbox"/> Changed type of organization (specify) ▶ |
| <input checked="" type="checkbox"/> Started new business (specify) ▶ in corp. New BUSINESS | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Hired employees | <input type="checkbox"/> Created a trust (specify) ▶ |
| <input type="checkbox"/> Created a pension plan (specify type) ▶ | <input type="checkbox"/> Other (specify) ▶ |
| <input type="checkbox"/> Banking purpose (specify) ▶ | |

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| 10 Date business started or acquired (Mo., day, year) (See instructions.) 12/14/96 | 11 Enter closing month of accounting year. (See instructions.) December |
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| 12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) |
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| 13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." | Nonagricultural | Agricultural | Household |
|---|-----------------|--------------|-----------|

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| 14 Principal activity (See instructions.) ▶ yes |
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| 15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
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| 16 To whom are most of the products or services sold? Please check the appropriate box. | <input type="checkbox"/> Business (wholesale) | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Public (retail) | <input type="checkbox"/> Other (specify) ▶ | |

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| 17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
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| 17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. |
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| Legal name ▶ Dagven Lorch-Falch | Trade name ▶ |
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| 17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. | | |
| Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN |

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| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Business telephone number (include area code) |
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| Name and title (Please type or print clearly.) ▶ Dagven Lorch-Falch | (904) 488-9000 |
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|---------------------------------------|------------------------|
| Signature ▶ Dagven Lorch-Falch | Date ▶ 12/21/96 |
|---------------------------------------|------------------------|

Note: Do not write below this line. For official use only.

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|----------------------|------|------|-------|------|---------------------|
| Please leave blank ▶ | Geo. | Ind. | Class | Size | Reason for applying |
|----------------------|------|------|-------|------|---------------------|