

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90012 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000009491

1. Corporation Name
ALTEMAN & OLIVER GROUP, INC.

Principal Place of Business Mailing Address
 3961 N FEDERAL HWY 3961 N FEDERAL HWY
 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064
 US US



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
01/30/1997
 4. FEI Number Applied For
65-0727073 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
FRANCA, JULIANA
3961 N FEDERAL HWY
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
 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 607.1508, 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 *Juliana Franca* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRANCA, JULIANA	
STREET ADDRESS	3961 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, SONIA	
STREET ADDRESS	3961 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	AQUILINO, JOSE	
STREET ADDRESS	3961 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AQUILINO, JOSE	
STREET ADDRESS	3961 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP SMITH, SONIA
2.3 STREET ADDRESS	3961 N Federal Hwy
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Aquilino, Jose
3.3 STREET ADDRESS	3961 N Federal Hwy
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Aquilino, Jose
4.3 STREET ADDRESS	3961 N Federal Hwy
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, or on an attachment with an address.

SIGNATURE: *Juliana Franca* DATE: **8/16/99** DAYTIME PHONE #: **954-786-7180**

CR2E034 (5/99)

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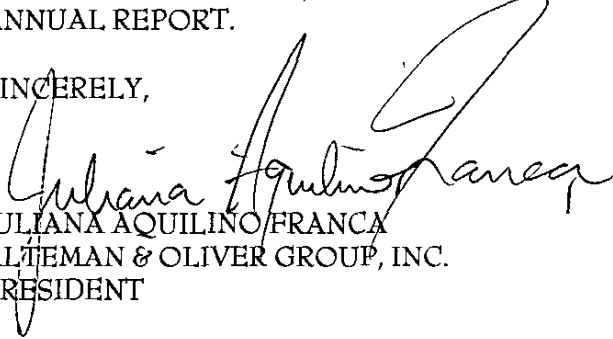
3961 N. FEDERAL HWY
POMPANO BEACH - FL 33064

RE: ALTEMAN & OLIVER GROUP, INC.
P97000009491

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I RECEIVED THE ANNUAL REPORT PAPER LATE IN MY HOUSE. BECAUSE IT'S THE FIRST TIME THAT I HAVE A CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

SINCERELY,


JULIANA AQUILINO FRANCA
ALTEMAN & OLIVER GROUP, INC.
PRESIDENT