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



Katherine Harris

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00		FILED	
PROFIT CORPORATION ANNUAL REPORT 1999 FLORIDA DEPART Katherine Secretary Division of Co	e Harris of State		999 8:00 am of State
DOCUMENT # P97000020486 1. Corporation Name A.L.W. INVESTMENTS, INC.		250311 2002-	
		_	
Principal Place of Business Mailing Address 1510 S. MacDill Avenue Tampa, FL 33629		DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE
		2/28/97	
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 1510 S. MacDill Ave. 26		59-3431625	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 Tampa, Florida 28 Zip Country Zip	Country	Trust Fund Contribution	Added to Fees
Zip Country Zip 24 33629 [25] US A [29] [31	¬ '	This corporation owes the current ye Personal Property Tax.	ar intangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent	<u> </u>	10. Name and Address of New Regist	ered Agent
		 -	FL 85 Zip Code 3 3 6 2 9
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 a cacept the obligations of Section 607.0505, Florida Statutes. SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	egistered Agent signature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICER	
12. OFFICERS AND DIRECTORS TITLE President DELETE	13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME Tim J. Baker	1.2 NAME		
STREET ADDRESS 1510 S. MacDill Avenue	1.3 STREET ADDRESS		
CITY-ST-ZIP Tampa, FI. 33629	1.4 CITY+ST+ZIP		
Wice President DELETE	2.1 TITLE		☐ Change ☐ Addition
Mary Frances Baker	22 NAME		
street ADDRESS 510 S. MacDill Avenue	2.3 STREET ADDRESS		
CITY-ST-ZIP Tampa, FI. 33629	2.4 CITY-ST-ZIP 31 TIPLE		☐ Change ☐ Addition
NAME	3.2 NAME	· - · · · ·	
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4. CITY-ST-ZIP		
TITLE	4.1 TITLE		☐ Change ☐ Addition
NAME	4 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	5 2 NAME		
STREET ADDRESS	5 3 STREET ADDRESS		
CITY-ST-ZIP	54 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 suppliesental 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 for 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 chapter 6, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

DELETE

813 254-4066

Change

Addition