

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

FILED

APR 29 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000023139

1. Corporation Name

ALOMA BEND, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number
58-2314046

Applied For
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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 223 Wilmington West Chester
Pike

Suite, Apt. #, etc.

22 City & State

23 Chadds Ford, PA.

24 Zip

19317

25 Country

US

2a. Mailing Address

26 215 North Eola Drive

Suite, Apt. #, etc.

27 City & State

28 Orlando, Florida

29 Zip

32801

30 Country

US

9. Name and Address of Current Registered Agent

JAMES BALLETTA, ESQUIRE
215 North Eola Drive
Orlando, Florida 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D SPANO, CHRISTOPHER T. ☐ DELETE
NAME 223 Wilmington West Chester Pike
STREET ADDRESS Chadds Ford, PA. 19317
CITY-ST-ZIP

TITLE ST ~~MARRA, RANGY F.~~ ☒ DELETE
NAME ~~223 Wilmington West Chester Pike~~
STREET ADDRESS ~~Chadds Ford, PA. 19317~~
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P SPANO, CHRISTOPHER T. ☐ Change ☒ Addition
12 NAME 223 Wilmington West Chester Pike
13 STREET ADDRESS Chadds Ford, PA. 19317
14 CITY-ST-ZIP

21 TITLE VST PHILLIPS, FRANK X. ☐ Change ☐ Addition
22 NAME 223 Wilmington West Chester Pike
23 STREET ADDRESS Chadds Ford, PA. 19317
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK X. PHILLIPS, VICE PRESIDENT

4/7/99

610-558-1500

CR25034 (11/99)