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

PROFIT CORPORATION ANNUAL REPORT

[redacted] 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 29 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035867 (5)

1. Corporation Name
ALAN ALAN, INC.

Principal Place of Business	Mailing Address
645 B MICHIGAN AVENUE MIAMI BEACH FL 33139	645 B MICHIGAN AVENUE MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 137 NE 92nd ST.	2a. Mailing Address 26 137 NE 92nd ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI SHORES, FL	City & State 28 MIAMI SHORES, FL
Zip 24 33138 Country 25	Zip 29 33138 Country 30

9. Date Incorporated or Qualified
04/22/1997

4. FEI Number
65-0744692 ☐ 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 or has paid the current year intangible Personal Property Tax due June 30 ☑ Yes ☐ No

7. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRANTALIS, DEAN J ESQ. 9724 WEST SAMPLE ROAD CORAL SPRINGS FL 33065	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 [redacted] 84 City **** FL. 00 ****150.00

-02/05/99--01082--002

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HICKS, GARY	12 NAME	
STREET ADDRESS	645 B MICHIGAN AVENUE	13 STREET ADDRESS	137 NE 92nd ST.
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	STD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, BRYAN	22 NAME	
STREET ADDRESS	645 B MICHIGAN AVENUE	23 STREET ADDRESS	137 NE 92nd ST.
CITY-ST-ZIP	MIAMI BEACH FL 33139	24 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	TD 2/1/99 99AR
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (10/97)

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 added on an attachment with an address.

SIGNATURE: Gary A Hicks GARY A. HICKS 3/2/98 305-538-3177
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone # — 0150954

Gary A Hicks GARY A. HICKS 1/26/99 305-756-0212