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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000043350 (2)

ALARCON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



263 PINE TREE ROAD 263 PINE TREE ROAD VENICE FL 34293 VENICE FL 34293 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 30 ☐ No 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ALARCON, COLLEEN larcon 263 PINE TREE ROAD 82 VENICE FL 34293 83 Zip Code City enice 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. I 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 accept the obligations of Section 607.0505, Florida Statutes. Alarcon SIGNATURE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 DILE ALARCON, ESAY Alarcon. NAME 1.2 NAME 263 PINE TREE ROAD STREET ADDRESS 1.3 STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE Change 2.1 TITLE Addition TITLE ALARCON, COLLEENN NAME 2.2 NAME 263 PINE TREE ROAD STREET ADDRESS 23 STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - 7/P CFTY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 30TLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 51 THEF TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIF

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 changes over an attact month with an address.

SIGNATURE: Esan Colorene Figur Alarcon President 4-10-98 (941) 497-201