

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

FILED

Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000094422 (7)**

1. Corporation Name
ALC ENTERPRISES, INC.

Principal Place of Business
**3034 N. KING'S HIGHWAY
FORT PIERCE FL 34951**

Mailing Address
**3034 N. KING'S HIGHWAY
FORT PIERCE FL 34951**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 410 Sunrise DR Suite, Apt. #, etc 22 City & State 23 FL Pierce FL Zip 24 34945		2a. Mailing Address 26 410 Sunrise DR Suite, Apt. #, etc 27 City & State 28 FL Pierce FL Zip 29 34945		3. Date Incorporated or Qualified 11/03/1997	
4. FEI Number 65-0794715		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CROUCH, JAY
3034 N. KING'S HIGHWAY
FORT PIERCE FL 34951**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 410 Sunrise DR.
83	
84	City Fort Pierce
85	Zip Code FL 34945

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	CROUCH, JAY	1.2 NAME	
STREET ADDRESS	410 SUNRISE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34945	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	S
NAME		2.2 NAME	Carol Monroe
STREET ADDRESS		2.3 STREET ADDRESS	410 Sunrise DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FL Pierce FL 34945
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Jay Crouch President 3-24-98 561-465-7474

CR2E034 (10/97)