


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90152 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000094422

1. Corporation Name
ALC ENTERPRISES, INC.



Principal Place of Business 410 SUNRISE DR FORT PIERCE FL 34945 US	Mailing Address 410 SUNRISE DR FORT PIERCE FL 34945 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3034 W. Kings Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.
22 City & State 23 Fort Pierce, FL Zip Country 24 34951 25 St. Lucie	27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified 11/03/1997	4. FEI Number 65-0794775	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent CROUCH, JAY 410 SUNRISE DR FORT PIERCE FL 34945	10. Name and Address of New Registered Agent 81 Name Benjamin A. Horton 82 Street Address (P.O. Box Number is Not Acceptable) 2451 Seminole Road 83 84 City Fort Pierce FL 85 Zip Code 34951
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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 *Benjamin A. Horton* DATE **4-26-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CROUCH, JAY		1.2 NAME Benjamin A. Horton	
STREET ADDRESS 410 SUNRISE DRIVE		1.3 STREET ADDRESS 2451 Seminole Road	
CITY-ST-ZIP FORT PIERCE FL 34945		1.4 CITY-ST-ZIP Fort Pierce, FL 34951	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MONROE, CAROL		2.2 NAME Sharon Y. Horton	
STREET ADDRESS 410 SUNRISE DR		2.3 STREET ADDRESS 2451 Seminole Road	
CITY-ST-ZIP FT. PIERCE FL 34945		2.4 CITY-ST-ZIP Fort Pierce, FL 34951	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Benjamin A. Horton* DATE **4-26-99** DAYTIME PHONE # **888-595-6559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)