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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100740

i. Corporation	T TTUING					
ALTON (GROUP, INC.					
Deignig al Diggs	of Durings	Mailing Address				
2020 N.E. 163RD STREET BOX 1310 SUITE 300 MIAMI FL 33143					t	
NORTH MIAMI BEACH FL 33162 US					DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualifed 11/26/1997	
2. Principal Pi	lace of Business	2a. Mailing Address	_			lied For
21		26				Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5: Certificate of Status Desired * 1	
22 27			_		r de ried	
City & State					6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to	
23	Zip Country Zip		Country			rees
Žip	25	29 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes	No
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	-	
			81	Name		
MILLER, SCOTT				Street Add	dress (P.O. Box Number is Not Acceptable)	
12705 NW 42 AVE-				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 300						1
M <u>IAMLEL-33054</u>				City M	85 Zip Co	ode/
			84	1 /2	<i>! /AM </i> FL 33/	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abov	e-named cor	poration submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as regi	egistered istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes	S.		
SIGNATURE					red when reinstating) DATE	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS		13.	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF	RS IN 12
TITLE	P DELETE		1.1 TITLE		€ Change	Addition
NAME	MILLER, SCOTT		1.2 NAME			}
STREET ADDRESS	2020 NE 163 ST		1.3 STREE	T ADDRESS	130x 1310	ĺ
CITY-ST-ZIP	MIAMI-FL 33162 -		1.4 CITY-S	ST-ZIP	BOX 1310 MIANI FC 33143	
TITLE	☐ DELETE 2		2.1 TITLE		☐ Change	☐ Addition
NAME.			2.2 NAME			
STREET ADDRESS	DRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	Change	Addition
TITLE	DELETE		3.1 TITLE		. Change	
NAME			3.2 NAME	T 4000000		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS.			1	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-5			
TITLE	DELETE		5.1 TITLE		☐ Change	☐ Addition
NAMÉ			5.2 NAME			-
STREET ADDRESS			5.3 STREE	TADDRESS		j
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	private de la constant de la constan	T A differen
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition (
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

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 supplementaryannual 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 any factorment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Scott MILLER