

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90055 022 \*\*\*150.00

DOCUMENT # P98000018008

1. Corporation Name

ALJILUCO INVESTMENTS, INC.

Principal Place of Business

4134 GULF OF MEXICO DR., STE. 302  
LONGBOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DR., STE. 302  
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

65-0836341

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5627 Ashton Way  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 17471  
Suite, Apt. #, etc.

City & State

23 SARASOTA FL  
Zip Country

City & State

28 SARASOTA FL  
Zip Country

24 34231 25 U.S.A.

29 34276 30 U.S.A.

9. Name and Address of Current Registered Agent

COOPER, ALAN  
4134 GULF OF MEXICO DR., STE. 302  
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name COOPER ALAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
5627 Ashton Way  
83  
84 City SARASOTA FL 85 Zip Code 34231

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 *Alan Cooper President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12th April 1999

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME COOPER, ALAN  
STREET ADDRESS 4134 GULF OF MEXICO DR., STE. 302  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE DV  
NAME COOPER, JILL  
STREET ADDRESS 4134 GULF OF MEXICO DR., STE. 302  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition  
5627 Ashton Way  
SARASOTA FL 34231

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition  
5627 Ashton Way  
SARASOTA FL 34231

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Alan Cooper President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12th April 99 (941) 921-6661

Date

Daytime Phone #

CR2E034 (11/98)