Applied For Not Applicable \$8.75 Additional Fee Required **\$5.00** May Be Added to Fees

11/16

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**

DOCUMENT # DOO

1. Corporation Name ALKAR ENTERPRISES		U360							
Principal Place of Business Mailing Address						- I 1981/1001 ties istat totale tiese tiese tiese tiese tiese tiese tiese tiese			
1818 DELKI STREET. N.W. PALM BAY FL 32907		1818 DELKI STREET, N.W. Palm Bay Fl 32907				DO NOT WRITE	E IN THIS	S SPAÇÎ	
						3. Date Incorporated or Qualifed			
						03/31/1998			
2. Principal Place of Business 2a. Mailing Address 26						4. FEI Number 5047:	39		
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		* \$8. Fe	
City & State	28	City & State				Election Campaign Financing Trust Fund Contribution		\$5 Ad	
	Country 29	Zip Country				This corporation owes the curre Personal Property Tax.	nt year In	tangible	
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	egistered	Agent	
FERRELL, ALAN 1818 DELKI STREET	. N.W		8		Name Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
PALM BAY FL 32907			8	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
l			1	ł	City		FL		
 Pursuant to the provisions of office or registered agent, of agent. I am familiar with, an 	r both, in the State of Flori	ida. Such change was	authorized b	yτ	named corpo he corporation	oration submits this statement for the p n's board of directors. I hereby accept	urpose of the appo	f changi intment	
SIGNATURE	ed name of registered agent and title	# continoble /AIO	TE: Pagistared Ac		signature required	when rainstating)	DATE		
Signature, typed or print	OFFICERS AND DIR		13.	jo, it	aignatura (Bdullet)	ADDITIONS/CHANGES TO OFF		ND DIRE	
120	57110E11071110 DITE				$\overline{}$				

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

04-30-1999 90098 034 ***150.00



			84 City		FL 85 Zip Ci	ode						
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		No. 7 backs	Registered Agent signature	rectuired upon reinstating)	DATE							
12.	Signature, typed or printed name of registered agent and ti OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	RS IN 12						
TITLE	D OFFICERO AND BR	☐ DELETE	1.1 TiTLE		☐ Change	Addition						
	FERRELL, KARREN	E3 555575	1.2 NAME			_						
NAME												
STREET ADDRESS	1818 DELKI STREET, N.W.		1.3 STREET ADDRESS	Para A sum								
CITY-ST-ZIP	PALM BAY FL 32907	☐ DELETE	1.4 CITY-ST-ZIP	PROS. DONT	□ Change	Addition						
III/E	FERRELL, ALAW	C DECEUE	2.1 TITLE	FERREIL ALAN 1818 DELKI ST. A PALM BAY, FL. 32	Cribings	× ricanson						
NAME		Agree	2.2 NAME	1818 DELKI ST.).W	- 1						
STREET ADDRESS			2.3 STREET ADDRESS	PALM BAY, FL. 32	.507							
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,								
ITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition						
NAME			3.2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>								
TILE		☐ DELETE	4.1 TITLE		☐ Change	Addition						
NAME			4. 2 NAME			1						
STREET ADDRESS			4.3 STREET ADDRESS	ļ		,						
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP									
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS)								
i			5.4 CITY-ST-ZIP	ļ								
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		Change	Addition						
			6.2 NAME		_ •	-						
NAME			6.3 STREET ADDRESS									
STREET ADDRESS												
CITY-ST-ZIP	certify that the information supplied with this	filing door not qualify for	6.4 CITY-ST-ZIP	t in Section 119 07(3)(i) Florida Statute	s. I further certify that the in	formation						
14. I hereby c	centry that the information supplied with this	s iming does not quality to:	me exemption state	uni section i istorijajaj, i idrida statute	as it made and a noth that I							

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: _