FIL	E NOW: FIL	ING FEE AFT	ER MAY 1 IS	\$2	25.	00	<u></u>					
PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
	1996 MENT #	S10336	(3)		HATIO	NS						
1. Corporation	n Name	010000	(5)									
ALGE	EORGE, INC.							l allandra del mani elema dica	n tiata dini mimir a	a ja k iase a	le d er årene djære rø	6 1
Principal Place	of Business		ailing Address									l
500 \$ CYI	PRESS ROAD BEACH FL 33060	·	500 S CYPRESS ROAD POMPANO BEACH FL S									
							1	ncorporated or Qualified 0/15/1990		of Last (
2, Principa Pi 21	ace o ¹ Business	2a 26	Mailing Address				4. FEI Nu	imber 65-0221000	***************************************		Applied For	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					cate of Status Desired		\$8.7	Not Applicable 5 Additional Required	<u>*</u>
City & State	9	28	City & State					on Campaign Financing		\$5.0	00 May Be	-
Zip 24	25 Cou		Zip 3	Cou	intry	••	8. This co	orporation has liability fo			199.032,	-
	9, Name and Add	Iress of Current Regis	tered Agent					and Address of New		gent		
ALLIS	ON, SUE				81 1	Name						
	CYPRESS ROAD				82	Street Add	tress (P.O. Box	Number is Not Accept	ible)			7
	ANO BEACH FL 3:	3060			83	-						-
					84 (City				85 Z	p Code	4
11. Pursuant t	o the provisions of Se	ctions 607.0502 and 60	7.1508, Florida Statutes, t	the abo	ve-nar	ned corre	oration submits	this statement for the n	FL.		·	
or registere familiar wit	ed agent, or both, in t h, and accept the obli	he State of Florida. Such gations of, Section 607.	r 1906, Florida Statites, I I change was authorized t 0505, Florida Statutes.	by the c	corpora	ation's boa	ard of directors.	I hereby accept the ap	pointment as r	girig its gistered	registered offici d agent. I am	Э
SIGNATURE _	Skynoton	ne of registered agent and title if										
12.	Signature, typed or printed har	OFFICERS AND DIREC		Registered	Agent si	gnature require	ed when reinstating)	ONS/CHANGES TO OF	DATE	NDCOTO	200 111 40	୍ରାଜୁ
TILLE	PTD		DELETE	1 1 TITLE			ADDITI	ONS/CHANGES TO OF		Change	DRS IN 12 Addition	2E034 (12/95)
NAME		ALLISON, WILLIAM S.W.		1.2 NAME					b	e nango		4
STREET ADDRESS	500 S CYPRESS ROAD		1.3 :		STREET ADDRESS							18
CITY-S1-ZIP		ACH FL 33060	1.4 0		TY-\$1-2	ZIP						띯
TITLE	VSD	_	DELETE 2.11		TLE					Change	☐ Addition	– წ
NAME	ALLISON, SUE			2.2 NA	ME	1						
STREET ADDRESS	500 S CYPRE			2.3 ST	REET AD	DRESS						
CITY-ST-ZIP	PUMPANO BE	ACH FL 33036		24 CI	TY-\$1-2	Ib all						
TITLE			☐ DELETE	3 1 TI	TLE					Change	☐ Addition	1
NAME CARSAT ARRESSO				32 NA	ME							
STREET ADDRESS				3.3. \$1	TREET AD	DRESS						
CITY - ST - ZIP			F Deleve		TY-ST-2	iP						
TITLE			☐ DELETE	4. 1 Tr		İ				Change	☐ Addition	
NAME STORE LADDDGGG				4.2 NA								
STREET ADDRESS				4.3 STI	REET ADD	DRESS						1
TITLE			T DELETE		Y-ST-Z	IP .				· · · · · ·		_
NAME			☐ DELETE	5 1 111						Change	☐ Addition	
1				5.2 NA		1						
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C·TY-SI-ZIP TITLE			DELETE		Y-ST-Z	IP						╛
NAME			· [] nergig	6. 1 111						Change	☐ Addition	
				6.2 NAI								
STREET ADDRESS					REET ADO							
14 I do hereby	certify that the inform	ation supplied with this	iling is valuated to the	64 CIT	Y-ST-Z	P I			-1.			_
cortify that I	the information indicat	and a this applied with this i	iling is voluntarily furnished	u and c	ioes no	or qualify f	or the exemptic	on stated in Section 119	.07(3)(k), Florid	a Statut	es. I further	1

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 eath; 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: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR PIRECTOR

4/22/91 954-781-7868 Date Dayme Proce #