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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S10336

(3)

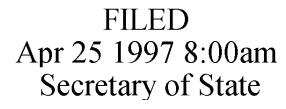
ALGEORGE, INC.

Mailing Address

Principal Place of Business

900 8 CYPRESS ROAD

500 S CYPRESS ROAD





POMPANO BEA	KCH FL 33080	POMPANO BEACH FL 330	060-7141			
POMPANO BEACH PL 33080-7141					<ol> <li>Date incorporated or Qualified 10/15/1990</li> </ol>	3a. Date of Last Report 04/26/1996
_	lace of Business	2a. Mailing Address			4. FEt Number	Applied F
21		26			65-0221000	Not Apple
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May B
3 *		28			Trust Fund Contribution	Added to Fees
Zp	Country	Zip	Count	у	8. This corporation has liability for i	ntangible tax under s 199.0:
4	25	29	30			Yes No
	g, Name and Address of Currer	t Registered Agent			10. Name and Address of New Re	gistered Agent
	son, sue		8	1 Name		
600 S CYPRESS ROAD			8:	82 Street Address (P.O. Box Number is Not Acceptable)		
PON	IPANO BEACH FL 33060					,
			8:	3		
			84	Cily		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the abor	ve-named o	corporation submits this statement for the poration's board of directors. Thereby accept	urnose of changing its regist
agent. I a SIGNATURE	m familiar with, and accept the oblig-	ations of Section 607.0505, Fi	lorida Statute	98.	oranor a court of unactors. Thereby accep	т по арропятен аз гедізге
	Signature, typod or printed harrie of registered ago			gent signature r	equired when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PTD	☐ DELETE	1.1 TITLE			Change Ac
NAME	ALLISON, WILLIAM S.W.		1.2 NAME			
STREET ADDRESS	500 S CYPRESS ROAD		1.3 STHEE	T ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		14 CITY			
TITLE :	VSD	☐ DETELE	2 1 TITLE			Change Ac
NAME	ALLISON, SUE	•	22 NAME			
STREET ADDRESS	500 S CYPRESS ROAD		2 3 STREE	.1 AUDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33038		2.4 C(1Y	-ST ZIP		
TITLE 🚎		☐ DELFTE	3 1 TITLE			Change Ac
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
OTTY-ST-ZIP			3.4 CITY	- S1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Ad
NAME			4. 2 NAM	:		
STREET ADORESS			4.3 STREE	1 ADDRESS		
CITY - ST - ZIP			4.4 CITY	ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change ☐ Ad
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-ST:ZIP			5.4 CHY	ST-ZIF		
TITLE		DELF1E	6.1 TITLE			Change Ad
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6 4 CITY-			
14. I do hereb informatio I am an of	n indicated on this annual report or s	applemental annual report is to the receiver or trustee empor	ify for the ex true and acc vered to exe	emption sta	ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal port as required by Chapter 607, Florida St	l effect as if made under