FILE NOW. FILING FEE AT ...

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 AUG 23 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10336

1. Corporation Name
ALGEORGE, INC.

Principal Place of Business
500 S CYPRESS ROAD
POMPANO BEACH FL 33060

Mailing Address
500 S CYPRESS ROAD
POMPANO BEACH FL 33060

Date Incorporated or Qualified
10/15/1990

FEI Number
65-0221000

Applied For / Not Applicable

Certificate of Status Desired [ ] $8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

3. Mailing Address
26

Suite, Apt. #, etc
27

City & State
28

Zip 29 Country 30

9. Name and Address of Current Registered Agent
ALLISON, SUE
500 S CYPRESS ROAD
POMPANO BEACH FL 33060

Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	DELETE	1.1 TITLE
NAME	ALLISON, WILLIAM S.W.		1.2 NAME
STREET ADDRESS	500 S CYPRESS ROAD		1.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP
TITLE	VSD	DELETE	2.1 TITLE
NAME	ALLISON, SUE		2.2 NAME
STREET ADDRESS	500 S CYPRESS ROAD		2.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL 33036		2.4 CITY-ST-ZIP
TITLE		DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

Change / Addition

200002970332--7
-08/25/99--01038--005
****150.00 ****150.00

SP

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: William Allison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 954-781-2668
Date Daytime Phone #

CD25C03A (11/98)