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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S19522

(9)

2900 ALTON, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		(ANDLIDIN AND INTER INDIN MIANT ANDER INDIA	INDIA OLOTI QUESE DINGI OLOT OLOTE ENGI
PO BOX 46407 ST PETERSBURG BEACH FL 33741		PO BOX 46407 ST PETERSBURG BEACH FL 33741-6407			
				3. Date Incorporated or Qualified 12/17/1990	3a. Date of Last Report 08/07/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3086103	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & Stato			Fee Required
23	Ð	 		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	langible tax under s. 199.032, Yes No
•	9. Name and Address of Curren		1901	10. Name and Address of New Reg	
RUD	ZIK, FREDRICK F.		81 Name	5466 10 1/1 To	40
	FIRST AVENUE NORTH		82 Street Add	COSENS VA/ENTI	W&
	PETERSBURG FL 33710		Siled Add	dress (P.O. Box Number is Not Acceptable	ith
			83	7	
			84 City	· /2 4 · · · ·	loe Zo Codo
			וכ ז	Petersland	FL 85 Zip Code 4
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	ules, the above-named cor	rporation submits this stamment for the peation's board of directors. I hereby accept	rpose of changing its registered
agent. I a	in familiar with, and accept the pulso	alions of, Section 607.0505, I	Florida Statutes.	ation's board of directors, i hereby accept	the appointment as registered
SIGNATURE	- see low	L. EUCE	NEVALENTINE	e Paes 7-	21-97
12.	Signature, upper or printed name of registered ago OFFICERS AN		OTE: Registered Agent signature requ		
TITLE	D OFFICENS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	VALENTINE, DAVID E	once	1.2 NAME		
STREET ADDRESS	2900 ALTON DR		1.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP	ST PETERSBURG BCH, F		1.4 CITY - ST - 7IP		
TITLE	P	DELETE	2.1 TITLE		Change Addition
NAME	VALENTINE, EUGENE		2 2 NAME		
STREET ADDRESS	524 36TH AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STHEFT ADDRESS		
C(TY-ST-ZIP			3 4. CHY-ST-ZIP		
TITLE	_	DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		1904	4.4 CHY-ST-ZIP		
TITLE		☐ DELETE	5.1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			. 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		LJ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and a short that the last and the short and		6.4 CHY-S1-ZIP		

I do hereby certify that the information supplied with this filling 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 resolver 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.