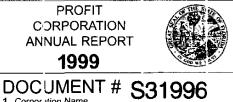
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

ALGER C. ADDISON, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90196 046 \*\*\*150.00

## TE KARANGEN KARA KUTUK KENGULUNGKA KANDANTAK BUTUK NEGIK NEGIK NEGIK NEGIK NEGIK NEGIK NEGIK NEGIK NEGIK PRAJ

Principal Flace	e of Business	Mailing Address			1 - 2001/2/10 1849 11/10 11/20 18/18/19/19/1	- gur 41411 B:	<b></b>	
106 COMMERCE ST 108 LAKE MARY FL 32746 US		106 COMMERCE ST 108 LAKE MARY FL 32746 US			DO NOT WRIT	E IN THIS	SPACE	
				3. Date Incorporated or Qualifed 02/14/1991				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		<b>→</b>	Apolied For
21		26			59-3050494			No: Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zìp	Country 25	Zip	Country		This corporation owes the curre     Personal Property Tax.	nt year Int	tangible Yes	⊡No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egister::d	Agent	
4,514	ON MOED C		81	Name				
	ION, ALGER C ADIOS AVE		82	Street A	dress (P.O. Bo Number is Not Acceptal	ole)		
MAITLAND FL 32751			83					
							05 7	o C ada
			84	City		FL	85 Zip	p C ode
office or re agent. I a	edistered agent or both in the Sta	50:2 and 607.1508, Florida Statutes te of Florida. Such change was autl gations of, Section 607.0505, Florid	horized by	the corpora	rporation subm ts this statement for the partition's board of directors. I hereby accept	ourpose of the apool	changing i ntment as	ts registered registered
SIGNATURE	Signature, typed or printed ni me of registered	agen and title if applicable (NO E R	egistered Ager	nt signature red	ired when reinstating	DATE		
12.		AN ) DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	e
NAME	ADDISON, A CHRIS		12 NAME					
STREET ADDRESS	900 ADIOS AVE			ADORESS				
CITY-ST-ZIP TITLE	MAITLAND FL VP		1.4 CITY-ST 2.1 TITLE	T-ZIP			Change	e Addition
NAME	ADDISON, LIBBY R		2.2 NAME				_ "	_
STREET ADDRESS	900 ADIOS AVE			T ADDRESS				
CITY-ST-ZIP	MAITLAND FL		2. 4 CITY- S					
TITLE		☐ DELETE	3.1 TITLE				Change	e 🔲 Addition
NAME			3.2 NAME					
STREET ADDRI SS			33 STREE	TADDRESS				ĺ
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			Cachana	e Addition
TITLE		☐ DELETE	4 1 TITLE				Change	a Addition
NAME			4 2 NAME					
STREET ADDRI SS				ADDRESS				
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S	1-219			☐ Chang	e Addition
NAME			5.2 NAME				_ ,	
STREET ADDRESS			5.3 STREE	T ADDRESS				ł
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	e Addition
NAME			62 NAME					
OTHERT ABBRIDGE			8.3 STREET	T ADDRESS				1

14. I heret y 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNAT TRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR