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

PROFIT Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S36557 (4) ALP BOOKKEEPING, INC. Principal Place of Business Mailing Address 2451 ECON CIRCLE PO BOX 677562 #239 ORLANDO FL 32867-7562 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1991 2. Principal Place of Business 4, FEI Number 2a. Mailing Address Applied For 2005t, andrews 59-3056198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 1707 Fee Required 6. Election Campaign Financing \$5.00 May Be **tarK** Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Orange 25 Personal Property Tax due June 30. X Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CLARK, ALICIA L. 4035 WITTWOOD CT. 82 ORLANDO FL 32817 83 YarK Sinter 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 against and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE Change Addition CLARK, ALICIA L NAME Clark, Alieza 1 200 St. andrews 1.2 NAME 2451 ECON CIRCLE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Addition NAME CLARK, PAUL C. 22 NAME STREET ADDRESS 4035 WITTWOOD CT. 2.3 STREET ADORESS ORLANDO FL 32817 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change X Addition Harriet Murray 17306 Cemetary Rd NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34610 CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE Change Addition 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. Thereby 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 13 of Block 14 of Block

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