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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S84358

1. Corporation Name

ALSTROM & ASSOCIATES, INC.

Principal Place of Business

1880 ROLAND ST

Mailing Address

1880 ROLAND ST

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90038 044 ***158.75



| SAKASOTA FL. | A FL 34231 SARAQUIA FL 34231 US | | | DO NOT WRITE IN THIS SPACE | |
|------------------------|--|------------------------------------|---------------|----------------------------|--|
| 00 | | | | | 3. Date Incorporated or Qualifed |
| | | • | | | 09/30/1991 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 7/40 | Webber-Road | 26 7140 We | bber | Ro | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | / | 6. Election Campaign Financing \$5.00 May Be |
| 23 Sara | asota FL | 28 Sarasota | | FL | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year Intangible |
| 24 342 | 140 25 45 | 29 34240 30 | | 45_ | Personal Property Tax. |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered Agent |
| | = | | 81 | Name | 3 |
| COLE, R. JOHN II PA | | | | Street | t Address (P.O. Box Number is Not Acceptable) |
| 46 N. WASHINGTON BLVD. | | | | Oll dot / | TAGGESS (1.5. Dex Hallings) is 1161. (655)-11-15, |
| SUITE 24 | | | | | |
| SARA | ASOTA FL 34236 | | _ | | ar 7:- Codo |
| | · | | 84 | City | FL 85 Zip Code |
| 11 Pursuant t | to the provisions of Sections 607 0502 | and 607,1508, Florida Statutes. | the above | -named | d compration submits this statement for the purpose of changing its registered |
| office or re | edistered agent, or both, in the State of | i Florida. Such change was aumo | onzeo dv | tne corpo | poration's board of directors. I hereby accept the appointment as registered |
| agent. I ar | n familiar with, and accept the obligation | ins of, Section 607.0505, Florida | a Statutes | • | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if smalleable (NOTE: Res | nistered Ager | t cionatura n | e required when reinstating) DATE |
| 12. | OFFICERS AND | | 13. | i signaturo (| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P · | ☐ DELETE | 1,1 TITLE | | P Change Addition |
| NAME | ALSTROM, CLYDE | | 1.2 NAME | | Alstrom, Clyde |
| STREET ADDRESS | 1880 ROLAND ST | | 1.3 STREE | ADDRESS | |
| | SARASOTA FL | | 1,4 CITY-S | | Sarasota FL 34240 |
| CITY-ST-ZIP | ST | ☐ DELETE | 2.1 TITLE | (-ZIF | ST Addition |
| TITLE | *** | O <u>c</u> .c.,c | 2.2 NAME | | |
| NAME | ALSTROM, ROSE ELLEN 1880 ROLAND ST | | 2.3 STREE | 1000000 | Alstrom, Rose Ellen |
| STREET ADDRESS | SARASOTA FL | - | ľ | - 1 | |
| CITY-ST-ZIP | SARASUTA FL | DELETE | 2.4 CITY-5 | T- ZIP | Sarasota F1 34240 |
| TITLE | | , Choerere | 3.1 TITLE | | _ situation |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREE | | 5 |
| CITY-ST-ZIP | | | 3.4. CITY-5 | T-ZIP | Change Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREE | ADDRESS | s |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREE | ADDRESS | s |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 1 | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREE | ADDRESS | s |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)