

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

FILED  
Jun 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V11643 (6)  
1. Corporation Name  
ALTRICIA INTERNATIONAL, INC.



Principal Place of Business  
1706 WOOLCO WAY  
ORLANDO FL 32822  
US

Mailing Address  
1706 WOOLCO WAY  
ORLANDO FL 32822  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 ALTRICIA		02/03/1992	
22 City & State		27 PO BOX 700807		4. FEI Number	
23 Zip		28 ST CLOUD FL		59-3109713	
24 Country		29 34770 0807		5. Certificate of Status Desired	
		30 U.S.		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

STONE, ROBERT  
1706 WOOLCO WAY  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name STONE ROBERT  
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 reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	STONE, ROBERT	
STREET ADDRESS	1706 WOOLCO WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	DELETE
NAME	STONE, JUNE	
STREET ADDRESS	1706 WOOLCO WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	STONE ROBERT		
1.3 STREET ADDRESS	P.O. BOX 700807		
1.4 CITY-ST-ZIP	ST. CLOUD FL 34770-0807		
2.1 TITLE	VD	Change	Addition
2.2 NAME	STONE JUNE		
2.3 STREET ADDRESS	P.O. BOX 700807		
2.4 CITY-ST-ZIP	ST CLOUD FL 34770-0807		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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

SIGNATURE: (x)

ROBERT STONE PD

4/29/98

401 638 4031

CR2E034 (10/97)