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

Mailing Address

MELBOURNE FL 32902

P O BOX 667

PROFIT CORPORATION ANNUAL REPORT 1999

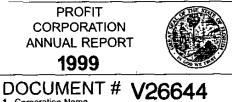
Principal Place of Business

WEST MELBOURNE FL 32904

4340 FORTUNE PLACE

UNIT C

US



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90157 009 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

1. Corporation Name ALLIANCE DELIVERY SERVICES, INC.

					04/07/1992			
2. Principal P	al Place of Business 2a. Mailing Address			4. FEI Number		Ar	plied For	
21	26				59-3123962		ot Applicable	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc				5. Certificate of Status Desired	- \$8.75 / Fee Re	-	
City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23	28				Trust Fund Contribution	Added	•	
Zip	Country	<u></u>			8. This corporation owes the current year	ar Intangible		
24	25 29		30		Personal Property Tax.	Yes	IXÍNo	
-21	9. Name and Address of Curren				10. Name and Address of New Registe	ered Agent		
			8	1 Name				
CHADWICK, KEN .				82 Street Address (P.O. Box Number is Not Acceptable)				
626 WAYCROSS RD SW				2 Street Addre	ess (P.O. Box Number is Not Acceptable)			
PALM BAY FL 32908				83				
	2 / 2 - 222		ľ	- [<u>, </u>			
				4 City	*	FL	Code	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	thorized b	y the corporatio	oration submits this statement for the purposin's board of directors. I hereby accept the a	appointment as re	gistered	
	Signature, typed or printed name of registered age		13.	jent signature required	ADDITIONS/CHANGES TO OFFICER)RS IN 12	
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO CITICEN	☐ Change	☐ Addition	
TITLE	D D	[] DELETE	1.1 TITLE	ì			٠	
NAME	OTT DIFFICITION OF THE PROPERTY OF THE PROPERT		1.2 NAMI					
STREET ADORESS			1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PALM BAY FL		1.4 CITY	ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE	:		Change	☐ Addition	
NAME	COLE, DONNA		2.2 NAM	⋷				
STREET ADDRESS	4451 ENTERPRISE CT		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MELBOURNE-FL		2.4 CITY	-\$T-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ DELETE		3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAM	ε Ι				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
	[.		3.4. CITY	ì				
CITY-ST-ZIP TITLE	☐ DELETE		4.1 TITLE			Change	Addition	
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CITY-ST-ZiP		DELETE	4.4 CITY-			Change	[] Addition	
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STREET ADDRESS				ET ADDRESS	•			
CITY-ST-ZIP			5.4 CITY			F3.00		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME	\		6.2 NAM	l				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
	ļ	^	6.4 CITY	ST-ZIP				
14. I hereby of indicated officer or Block 12	certify that the information supplied wi on this annual report or supplementa director of the corporation or the repe or Block 13 if changed or on air airs.	th this filing does not qualify for it lannual report is true and accurrance for trustee empowered to ex- ingent with an address, with all of	the exem ate and the ecute this other like	ption stated in S lat my signature report as requirempowered.	Section 119.07(3)(i), Florida Statutes. I furthe a shall have the same legal effect as if made red by Chapter 607, Florida Statutes; and the	r certify that the under oath; that at my name app	nformation I am an ears in	