

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28882

(1)

1. Corporation Name

ALCAR WEST ENTERPRISES, INC.

Principal Place of Business

3102 NORTH HABANA
SUITE 314
TAMPA FL 33607
US

Mailing Address

POST OFFICE BOX 8346
TAMPA FL 33674
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/09/1992

3a. Date of Last Report

06/16/1994

2. Principal Place of Business

21 6107-A MEMORIAL
FL 33615

2a. Mailing Address

26 P.O. Box 260577

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FLA

City & State

28 TAMPA, FL

Zip

Country

24 33615

25 USA

Zip

Country

29 33685

30 HILLSBOROUGH, U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAY, CAROLYN
3102 NORTH HABANA AVENUE
SUITE 315
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6107-A MEMORIAL HIGHWAY

83 TAMPA

84 City

FL

85 Zip Code

33615

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

Carolyn Gray

3/28/95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	GRAY, CAROLYN
STREET ADDRESS	10429 LA MIRAGE CT
CITY - ST - ZIP	TAMPA FL 33612
TITLE	DV
NAME	GRAY, ALVAH
STREET ADDRESS	10429 LA MIRAGE CT
CITY - ST - ZIP	TAMPA FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Carolyn Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3/28/95

DATE

886-8876

DAYTIME PHONE #