

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V36945 (6)

1. Corporation Name
ALCHEMY, INC.



Principal Place of Business
**130 SOUTH LAKE AVE
APOPKA FL 32703**

Mailing Address
**130 SOUTH LAKE AVE
APOPKA FL 32703**

3. Date Incorporated or Qualified **05/18/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **449 S.R. 434**
Suite, Apt. #, etc.
22 **Suites 1073/1075**
City & State
23 **Altamonte Springs, Fl**
Zip Country
24 **32 714** 25 **Seminole**
2a. Mailing Address
26 **449 S.R. 434**
Suite, Apt. #, etc.
27 **Suites 1073/1075**
City & State
28 **Altamonte Springs, Fl.**
Zip Country
29 **32 714** 30 **Seminole**

4. FEI Number **59-3119584** Applied For
Not Applicable

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

**MOREIRA, JONATHAS D.
130 SOUTH LAKE AVENUE
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name
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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE MELLO, LILIAN FERREIRA	
STREET ADDRESS	130 SOUTH LAKE AVE	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOREIRA, JONATHAS D.	
STREET ADDRESS	130 SOUTH LAKE AVE	
CITY - ST - ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE MELLO, LILIAN FERREIRA	
1.3 STREET ADDRESS	449 S.R. 434 - Suites 1073/1075	
1.4 CITY - ST - ZIP	Altamonte Springs, Fl. 32 714	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOREIRA, JONATHAS D	
2.3 STREET ADDRESS	449 S.R. 434 - Suites 1073/1075	
2.4 CITY - ST - ZIP	Altamonte Springs, Fl. 32 714	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jonathas D. Moreira

Jonathas D. Moreira -Director 03/22/96 (407)682 2525

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)