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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

ALOIS B. CORP.

Principal Place of Business

Mailing Address

## **FILED** Feb 26 1998 8:00am Secretary of State



838 9TH AVE SOUTH NAPLES FL 34102 US		839 8TH AVENUE SOUTH NAPLES FL 33940			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/12/1992			
2. Principal Place of Business		26. Mailing Address THAVE Seville.			4. FEI Number	<del>                                     </del>	polied For	
	Alots B Öhmielewski 839 9th Aug B Naplei, FL 84102-8225	Suite, Apt. #, etc.			8. Certificate of Status Desired	Complete Control of the Control		
		City & State  28 /// DLC \$	F	4	Election Campaign Financing     Trust Fund Contribution	\$5.00 Added	May Se to Fees	
Zip 24	Country 25	2034102	Counti	LIER	This corporation owes or has paid     Personal Property Tax due June 30	Yes 🔼	angible No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
SACHER, CHARLES P.			L					
2655 LEJEUNE ROAD SUITE 1101			[8	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	RAL GABLES FL		8:	3				
OUNE WELLOTE			8	1 City		<b>85</b> Zip (	Code	
			6	City		FL   S   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, typod or printed name of registered age of OF LICERS AND	· - · · · · · · · · · · · · · · · · · ·		gent signature requir		DATE	0 11 10	
TITLE	PD CATICANS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change	S IN 12 Addition	
NAME	CHMIELEWSKI, ALOIS B.		1.2 NAME					
STREET ADDRESS	839 9TH AVENUE SOUTH		1	T ADDRESS			ē	
CITY-ST-ZIP	NAPLES FL		1.4 CRY-	ST-ZIP				
TITLE	STD	☐ DELETE	21 TITLE			Change	Addition	
NAME	CHMIELEWSKI, IRENE L.		2.2 NAME					
STREET ADDRESS			2 3 STREE	T ADDRESS	·			
CITY-ST-ZIP TITLE			2 4 CITY 3 1 TITLE	-ST-ZIP	· .	☐ Change	Addition	
NAME			3 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE			4.1 TITLE	<u> </u>		☐ Change	☐ Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	The state	4.4 CITY-	ST-ZIP			1-1	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME STREET ADORESS			5.2 NAME	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	1				
TITLE		DELETE	6.1 TITLE	31-214	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME		_	6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			1	
14 I hereby o	ertifu that the information curvilled wit	h this bling does not qualify to			Section 110 07/3/(i) Florida Statutos Lfur	than cortify that the	information	

indicated on this annual report or supplemental around report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FEB. 15, 1998