

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:19

DOCUMENT # **V60481**

(1)

1. Corporation Name

ALNET TEAM INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**ONE PURUEU PLACE
STE. 224
WINTER PARK FL 32792
US**

Mailing Address

**ONE PURUEU PL. STE 224
WINTER PARK FL 32792
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/20/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

ZIP

Country

ZIP

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBORS, RENE
ONE PURUEU PLACE
STE. 224
WINTER PARK FL 32792**

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 607.01(2) and 607.15(8), 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 607.01(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ALBORS, RENE A.
STREET ADDRESS	1 PURUEU PLACE S-224
CITY, ST, ZIP	WINTER PARK FL
TITLE	VSD
NAME	ALBORS, THERESA E.
STREET ADDRESS	1 PURUEU PLACE S-224
CITY, ST, ZIP	WINTER PARK FL
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included 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 engaged to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Theresa E. Albors **THERESA E. ALBORS**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

(407) 678-8634