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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000006470 (6)

1. Corporation Name  
ALT L - FLORIDA, INC.



Principal Place of Business  
3068 HIGHLAND DRIVE  
HUDSONVILLE MI 49426

Mailing Address  
3068 HIGHLAND DRIVE  
HUDSONVILLE MI 49426-9455

3. Date Incorporated or Qualified 12/11/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 2003 VESCOUNT ROW  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2003 VESCOUNT ROW  
Suite, Apt. #, etc.

4. FEI Number 38-3314427  
Applied For Not Applicable

22 City & State  
23 ORLANDO, FL  
Zip 32809 Country ORANGE.

27 City & State  
28 ORLANDO, FL.  
Zip 32809 Country ORANGE.

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  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name LEONARD R. ANDREUCCI  
82 Street Address (P.O. Box Number is Not Acceptable) 2003 VESCOUNT ROW  
83  
84 City ORLANDO FL 85 Zip Code 32809

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] LEONARD R. ANDREUCCI TREASURER 4/21/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PCD  
NAME LUURTSEMA, ROSS A  
STREET ADDRESS 3068 HIGHLAND DRIVE  
CITY-ST-ZIP HUDSONVILLE MI  
TITLE V  
NAME LUYK, DOUG  
STREET ADDRESS 3068 HIGHLAND DRIVE  
CITY-ST-ZIP HUDSONVILLE MI  
TITLE S  
NAME BENSON, KENT  
STREET ADDRESS 3068 HIGHLAND DRIVE  
CITY-ST-ZIP HUDSONVILLE MI  
TITLE T  
NAME ANDREUCCI, LEONARD  
STREET ADDRESS 3068 HIGHLAND DRIVE  
CITY-ST-ZIP HUDSONVILLE MI  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 2003 VESCOUNT ROW  
3.4 CITY-ST-ZIP ORLANDO, FL. 32809  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 2003 VESCOUNT ROW  
4.4 CITY-ST-ZIP ORLANDO, FL. 32809  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] KENT BENSON 4/21/97 800-940-7258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011441

CR2E034 (9/96)