

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:22

DOCUMENT # 185870 (3)

1. Corporation Name  
ALILEV CORPORATION

Principal Place of Business Mailing Address  
1077 95TH ST 1077 95TH ST  
BAY HARBOR ISLAND FL 33154 BAY HARBOR ISLAND FL 33154

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/16/1955	3a. Date of Last Report 02/24/1994
4. FEI Number 59-0841448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

BOCKNER, ARCHIE  
1077 95TH ST  
MIAMI BEACH FL 33154

10. Name and Address of Now Registered Agent

81 Name DAVID BOCKNER  
82 Street Address (P.O. Box Number is Not Acceptable)  
1077 95TH ST  
83  
84 City BAY HARBOR ISLAND FL 85 Zip Code 33154

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 officer 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]* DAVID BOCKNER 2/16/95  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOCKNER, ARCHIE
STREET ADDRESS	1077 95TH ST.
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	D
NAME	BOCKNER, MARION
STREET ADDRESS	1077 95TH ST.
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	VP
NAME	BOCKNER, DAVID
STREET ADDRESS	1077 95TH STREET
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	VP
NAME	BERGEN, ARTHUR JR.
STREET ADDRESS	1077 95TH STREET
CITY, ST, ZIP	MIAMI BEACH FL
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	VP/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	VP/SEC	<input checked="" 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 Statute. 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 produce this report as required by Chapter 107, Florida Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DAVID BOCKNER 2/16/95 305-265-0331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER