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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

IVUIN	Name ALLEN HOLDING COMPA	MV			
JUNN	ALLEN HOLDING COMP	717 I			
Principal Place of Business		Mailing Address			HO THE MERS AINS AINS BING BENES AND STAIL AND
3500 ALOMA AVE. P.O. BOX 5035		3500 ALOMA AVE.			
		P.O. BOX 5035			
WINTER PAR	K FL 32793-5035	WINTER PARK FL 32	793-5035	3. Date Incorporated or Qualified	3a. Date of Last Report
				05/30/1967	04/26/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1166169	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23	Ann. 44 t 1 14 p 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curr	29	_[30]	Florida Statutes X Yes 10. Name and Address of New F	No No
	g, Name and Address of Com-	ent negistered Agent	81 Name	IV. Name and Address of New P	negistereu Agent
ALLEN	IOIN E				
	John E .oma avenue		82 Street Addi	iress (P.O. Box Number is Not Acceptate	ble)
	PARK FL 32793		83		
**III*IEN	FANN FL 32/83				
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-hamed corpo-	ration submits this statement for the pu	irpose of changing its registered office
or registere familiar with SIGNATURE	d agent, or both, in the State of Fic n, and accept the obligations of, Se	orida. Such change was authoriz action 607.0505. Florida Statules	ted by the corporation's boa 3.	ard of directors. I hereby accept the app	pointment as registered agent. I am
or registere familiar with SIGNATURE	d agent, or both, in the State of Fig., and accept the obligations of, Se	orida. Such change was authoriz action 607.0505. Florida Statules	red by the corporation's boa	and of directors. Thereby accept the app	rpose of changing its registered office pointment as registered agent. I am DATE FICERS AND DIRECTORS IN 12
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roomers y carry that the information material and use ming is volunting infinite and obes not quary for the exemption stated in Section 119.07(5)(k), Florida Statutes. 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 Brock 13 if changed, or on an attachment with an address

SIGNATURE:

Arn 18, 1996 Deproces