

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 317299 (6)

1. Corporation Name
JOHN ALLEN HOLDING COMPANY



Principal Place of Business 3500 ALOMA AVE. P.O. BOX 5035 WINTER PARK FL 32793-5035	Mailing Address 3500 ALOMA AVE. P.O. BOX 5035 WINTER PARK FL 32793-5035
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1158 Carmel Circle	26	1158 Carmel Circle	05/30/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	#320	27	#320	59-1166169	
City & State		City & State		Applied For	
23	Casselberry, FL	28	Casselberry, FL	Not Applicable	
24	32707	29	32707	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	USA	30	USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALLEN, JOHN E 3500 ALOMA AVENUE WINTER PARK FL 32793				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				1158 Carmel Circle #320			
				84	City	Casselberry	85

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 _____ DATE _____
Signature: typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN E	1.2 NAME	
STREET ADDRESS	3500 ALOMA AVENUE	1.3 STREET ADDRESS	1158 CARMEL CIRCLE #320
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINICK, JULIAN	2.2 NAME	
STREET ADDRESS	170 E. WASHINGTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *John E. Allen* John E. Allen 3/16/98 407-679-6661

CR2E034 (10/97)