

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

FILED
May 01 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 # 355533 (1)
 1. Corporation Name
ALLSTATE GAS COMPANY OF FLORIDA INC



Principal Place of Business 5201 N W 9TH AVENUE FT LAUDERDALE FL 33309-3183 US	Mailing Address 5201 N W 9TH AVENUE FT LAUDERDALE FL 33309-3183 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1969	
21	22	26	27	4. FEI Number 59-1280843	
Suite, Apt #, etc.		Suite, Apt #, etc.		Applied For	
City & State		City & State		Not Applicable	
23	24	28	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLAU, LINDA M 6100 N.E. 19 AVENUE FT. LAUDERDALE FL 33308				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PD
NAME	BLAU, LINDA M	1.2 NAME	
STREET ADDRESS	6100 N.E. 19 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	TD
NAME	LENZ, DEBORAH M.	2.2 NAME	
STREET ADDRESS	2712 PHEASANT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMONT CO	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	D
NAME	BLAU, DOUGLAS E	3.2 NAME	
STREET ADDRESS	4425 SW 74 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BLAU, DIANNA M	4.2 NAME	
STREET ADDRESS	3475 W 34 AVE	4.3 STREET ADDRESS	3057 S. PENNSYLVANIA ST
CITY-ST-ZIP	DENVER CO	4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80110
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	PATTI L. HAGAN
STREET ADDRESS		5.3 STREET ADDRESS	3027 N. OAKLAND FOREST DR # 101
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE		6.1 TITLE	
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: *Sandra M Blau* 4-24-98 954-776-5961

CR2E034 (10/97)