

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 447042 (3)
1. Corporation Name
ALYN REED ASSOCIATES, INC.

Principal Place of Business Mailing Address
4638 SE 15TH AVE 12319 3RD ST
CAPE CORAL FL 33904 FT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1974		3a. Date of Last Report 07/12/1994	
2. Principal Place of Business 21 Suits, Apt #, etc		2a. Mailing Address 26 Suits, Apt #, etc	
22 City & State		27 City & State	
24 Zip		29 Zip	
25 Country		30 Country	
4. FEI Number 59-0151669		Applied For Not Applicable	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MEYER, REED A 12319 3RD ST FT MYERS FL 33905				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				FL			

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, REED	12 NAME	
STREET ADDRESS	12319 3RD ST	13 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL 33905	14 CITY ST ZIP	
TITLE	T/D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, RITA ROSE	22 NAME	
STREET ADDRESS	5114 MANOR CT	23 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33904	24 CITY ST ZIP	
TITLE	S/D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREARNY, LISA LYNN	32 NAME	
STREET ADDRESS	2329 ACADEMY BLVD	33 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33990	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(3)(k), 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: Reed A. Meyer DATE: 5/10/95 TIME: 8:13-693-895