

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **693340** (2)

1. Corporation Name
ALANDCO INC.



Principal Place of Business Mailing Address
ATTN: D P COYLE 700 UNIVERSE BLVD.
11770 US HWY #1, P.O. BOX 068801 ATTN: COYLE, DENNIS. P
N PALM BCH FL 33408 JUNO BEACH FL 33408
US US

3. Date Incorporated or Qualified **07/01/1981** 3a. Date of Last Report **04/10/1995**
4. FEI Number **59-2121183** 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 Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEON, J E
9250 WEST FLAGLER STREET
MIAMI FL 33174

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (407) Registered Agent signature required when registering. DATE _____

12. OFFICERS AND DIRECTORS DELETE

TITLE	T	<input type="checkbox"/> DELETE
NAME	SAMIL, D. L.	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-STATE-ZIP	JUNO BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COYLE, DENNIS P	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-STATE-ZIP	JUNO BCH FL	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	HERTZ, JAMES E	
STREET ADDRESS	11770 US HWY #1	
CITY-STATE-ZIP	N PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVANSON, PAUL J	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-STATE-ZIP	JUNO BEACH FL	
TITLE	VCAS	<input type="checkbox"/> DELETE
NAME	COLLINS, STEPHEN M	
STREET ADDRESS	11770 U S HIGHWAY 1	
CITY-STATE-ZIP	NORTH PALM BEACH FL	
TITLE	AC	<input checked="" type="checkbox"/> DELETE
NAME	STAMM, SOLOMON L	
STREET ADDRESS	9250 WEST FLAGLER STREET	
CITY-STATE-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D YACKIRA, MICHAEL W.
4.3 STREET ADDRESS	700 UNIVERSE BLVD.
4.4 CITY-STATE-ZIP	JUNO BEACH, FL 33408
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AC PEREZ, CARMEN
6.3 STREET ADDRESS	9250 WEST FLAGLER STREET
6.4 CITY-STATE-ZIP	MIAMI, FL 33174

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 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: _____ **Dennis P. Coyle** 03/01/96 (407) 694-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)