

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

FILED
Apr 07 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 # 693340 (2)

1. Corporation Name
ALANDCO INC.

Principal Place of Business ATTN: D P COYLE 11770 US HWY #1, P.O. BOX 088801 N PALM BCH FL 33408 US	Mailing Address 700 UNIVERSE BLVD. ATTN: COYLE, DENNIS. P JUNO BEACH FL 33408 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 07/01/1981	
4. FEI Number 59-2121183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

LEON, J E
9250 WEST FLAGLER STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMIL, D. L.	1.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, DENNIS P	2.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPC	3.2 NAME	
STREET ADDRESS	HERTZ, JAMES E	3.3 STREET ADDRESS	
CITY-ST-ZIP	11770 US HWY #1	3.4 CITY-ST-ZIP	
	N PALM BCH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME	D	4.3 STREET ADDRESS	
STREET ADDRESS	YACKIRA, MICHAEL W.	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	700 UNIVERSE BLVD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	JUNO BEACH FL	5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME	VCAS	5.4 CITY-ST-ZIP	
STREET ADDRESS	COLLINS, STEPHEN M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	11770 U S HIGHWAY 1	6.2 NAME	
	NORTH PALM BEACH FL	6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME	AC		
STREET ADDRESS	PEREZ, CARMEN		
CITY-ST-ZIP	9250 WEST FLAGLER STREET		
	MIAMI FL		

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: _____ **Dennis P. Coyle** **03/16/98** **(561) 694-4644**

CR2E034 (10/97)