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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 693340
 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 21 700 UNIVERSE BOULEVARD Suite, Apt. #, etc. 22 ATTN: DENNIS P. COYLE City & State 23 JUNO BEACH, FLORIDA Zip Country 24 33408 25 USA	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country 26 27 28 29 30
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3. Date Incorporated or Qualified 07/01/1981	4. FEI Number 59-2121183	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T SAMIL, D. L.	1.1 TITLE	DP KELLEHER, LAWRENCE J
NAME	700 UNIVERSE BLVD	1.2 NAME	700 UNIVERSE BOULEVARD
STREET ADDRESS	JUNO BEACH FL	1.3 STREET ADDRESS	JUNO BEACH, FL 33408
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DS COYLE, DENNIS P	2.1 TITLE	AC ISABELLA, FRANK V
NAME	700 UNIVERSE BLVD	2.2 NAME	9250 W FLAGLER STREET
STREET ADDRESS	JUNO BCH FL	2.3 STREET ADDRESS	MIAMI, FL 33102
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D YACKIRA, MICHAEL W.	3.1 TITLE	
NAME	700 UNIVERSE BLVD	3.2 NAME	
STREET ADDRESS	JUNO BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VCAS COLLINS, STEPHEN M	4.1 TITLE	VCAS COLLINS, STEPHEN M
NAME	11770 U S HIGHWAY 1	4.2 NAME	700 UNIVERSE BOULEVARD
STREET ADDRESS	NORTH PALM BEACH FL	4.3 STREET ADDRESS	JUNO BEACH, FL 33408
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AC PEREZ, CARMEN	5.1 TITLE	
NAME	9250 WEST FLAGLER STREET	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: _____ **Dennis P. Coyle** 02/05/99 (561) 694-4644
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)