

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

APPROVED AND FILED

95 APR 10 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G56176 (2)

**1. Corporation Name
ALANDCO/CASCADE, INC.**

Principal Place of Business Mailing Address
ATTN: D P COYLE ATTN: D P COYLE
11770 US HWY ONE, P.O. BOX 068001 11770 US HWY ONE, P.O. BOX 068001
N PALM BCH FL 33408 N PALM BCH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/17/1983 **3a. Date of Last Report 03/28/1994**

4. FEI Number 59-2339943 **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 26 700 UNIVERSE BLVD.
22 Suite, Apt. #, etc. 27 ATTN: DENNIS P. COYLE
23 City & State 28 JUNO BEACH, FL
24 Zip 25 Country 29 33408 30 USA

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL 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 Signature, typed or printed name of registered agent and title if applicable **NOTE: Registered Agent signature required when reinstating** **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZ, JAMES E	1.2 NAME	
STREET ADDRESS	11770 US HWY #1	1.3 STREET ADDRESS	
CITY - ST - ZIP	N PALM BCH FL	1.4 CITY - ST - ZIP	
TITLE	DS	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 BEACH FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMIL, D.L.	3.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUNO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, STEPHEN M	4.2 NAME	
STREET ADDRESS	11770 US HWY 1	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SWANN, SOLOMON L.
STREET ADDRESS		5.3 STREET ADDRESS	9250 WEST FLAGLER STREET
CITY - ST - ZIP		5.4 CITY - ST - ZIP	MIAMI, FL 33174
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(a), 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 an attachment with an address.

SIGNATURE: *[Signature]* Dennis P. Coyle **March 15, 1995** **(407) 694-4644**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Telephone Number