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03-16-1999 90001 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G56176**

1. Corporation Name
ALANDCO/CASCADE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 ATTN: D P COYLE
 11770 US HWY ONE, P.O. BOX 088801
 N PALM BCH FL 33408

Mailing Address
 700 UNIVERSE BLVD.
 ATTN: COYLE, DENNIS, P
 JUNO BEACH FL 33408
 US

3. Date Incorporated or Qualified
08/17/1983

4. FEI Number
59-2339943

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
700 UNIVERSE BOULEVARD

2a. Mailing Address
700 UNIVERSE BOULEVARD

Suite, Apt. #, etc.
ATTN: DENNIS P. COYLE

City & State
JUNO BEACH, FL

Zip Country
33408 USA

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COYLE, DENNIS P 700 UNIVERSE BLVD JUNO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMIL, D.L. 700 UNIVERSE BLVD JUNO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS COLLINS, STEPHEN M 11770 US HWY 1 NORTH PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP KELLEHER, LAWRENCE J. 700 UNIVERSE BOULEVARD JUNO BEACH, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VAS COLLINS, STEPHEN M 700 UNIVERSE BOULEVARD JUNO BEACH, FL 33408
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 Date: 02/03/99 (561) 694-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)