

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DEPARTMENT OF CORPORATIONS

19964-1996 B-3980 C

DOCUMENT # **H45050 (2)**

1. Corporation Name
THE A.L.Y. GROUP, SPACE, PLANNING & INTERIOR DESIGN OF FLORIDA, INC.



Principal Place of Business Mailing Address
**800 CYPRESS GROVE DR
APT. 307, BLDG. 121
POMPANO BCH FL 33069**

3. Date Incorporated or Quoted 03/01/1985	3a. Date of Last Report 04/17/1995
4. FEI Number 59-2503408	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 has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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

9. Name and Address of Current Registered Agent

**O' GRADY, PAT
800 CYPRESS GROVE DR.
APT. 307, BLDG 121
POMPANO BCH FL 33069**

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 607.5003, 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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	O'GRADY, ALMA	
STREET ADDRESS	800 CYPRESS GROVE DR.	
CITY-STATE-ZIP	POMPANO BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'GRADY, PAT	
STREET ADDRESS	800 CYPRESS GROVE DR.	
CITY-STATE-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
15 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		
17 STREET ADDRESS		
18 CITY-STATE-ZIP		
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-STATE-ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-STATE-ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-STATE-ZIP		

14. I further hereby certify that the information supplied with this filing is voluntarily furnished. I am I does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Pat O'Grady**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (305)978-6042

CR2E034 (12/95)