

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 10 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L18134** (1)

1. Corporation Name  
**ALANCO I, INC.**

Principal Place of Business <b>ATTN: D. P. COYLE 11770 US HWY #1. P.O. BOX 08800 N PALM BCH FL 33408</b>	Mailing Address <b>ATTN: D. P. COYLE 11770 US HWY #1. P.O. BOX 08800 N PALM BCH FL 33408</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/21/1989</b>	3a. Date of Last Report <b>03/28/1994</b>
--	--

4. FEI Number <b>65-0148416</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

2. Principal Place of Business 21	2a. Mailing Address 26 <b>700 UNIVERSE BLVD.</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>ATTN: DENNIS P. COYLE</b>
City & State 23	City & State 28 <b>JUNO BEACH, FL</b>
Zip 24	Country 29 <b>33408</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>LEON, J E 9250 W FLAGLER ST MIAMI FL 33174</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code <b>FL</b>

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 reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	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	VAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, STEPHEN M	2.2 NAME	
STREET ADDRESS	11770 US HWY #1	2.3 STREET ADDRESS	
CITY - ST - ZIP	N PALM BCH FL	2.4 CITY - ST - ZIP	
TITLE	S	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	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, DENNIS P	4.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JUNO BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 verifiably furnished and does not qualify for the exemption stated in Section 110.07(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 member 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 March 15, 1995 (407) 694-4644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration