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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90001 005 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **L18134**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 ATTN: D. P. COYLE  
 11770 US HWY #1, 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  
**09/21/1989**

4. FEI Number  
**65-0148416**

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

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  
 21 **700 UNIVERSE BOULEVARD**

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

City & State  
 23 **JUNO BEACH, FL**

Zip Country  
 24 **33408** 25 **USA**

2a. Mailing Address  
 26

Suite, Apt. #, etc.  
 27

City & State  
 28

Zip Country  
 29 30

9. Name and Address of Current Registered Agent

**LEON, J E**  
**9250 W FLAGLER ST**  
**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, STEPHEN M</b>	
STREET ADDRESS	<b>11770 US HWY #1</b>	
CITY-ST-ZIP	<b>N PALM BCH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMIL, D.L.</b>	
STREET ADDRESS	<b>700 UNIVERSE BLVD</b>	
CITY-ST-ZIP	<b>JUNO BEACH FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>COYLE, DENNIS P</b>	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	
CITY-ST-ZIP	<b>JUNO BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>COLLINS, STEPHEN M</b>	
1.3 STREET ADDRESS	<b>700 UNIVERSE BOULEVARD</b>	
1.4 CITY-ST-ZIP	<b>JUNO BEACH, FL 33408</b>	
2.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KELLEHER, LAWRENCE J</b>	
2.3 STREET ADDRESS	<b>700 UNIVERSE BOULEVARD</b>	
2.4 CITY-ST-ZIP	<b>JUNO BEACH, FL 33408</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**

**02/05/99**

**(561) 694-4644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)