FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L18134

Alandco I, Inc.

Apr 02, 2002 8:00 am **Secretary of State**

04-02-2002 90146 014 ***150 00

DO	NOT	WRITE	in this	SPACE
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2. Principal Place of Business 3. Mailing Address 700 Universe Boulevard 700 Universe Boulevard Attn: Dennis P. Coyle Attn: Dennis P. Coyle City & State City & State

R0057288

DO NOT WRITE IN THIS SPACE

Juno Beach, Juno Beach. 65-0148416 Country Country 5. Certificate of Status Desired 33408 USA 33408 USA 7. Name and Address of Current Registered Agent E. Leon DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 9250 West Flagler Street IN THIS SPACE City Miami

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible

DOCUMENT #

1. Entity Name

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

(NOTE: Registered Agent signature required when reinstating)

Amended UBR is \$61.25

10. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zio Code 33174

Fee Required

Not Applicable

Tax filing requirement and elects to do so. \Box (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE TITLE MET TENDP, NAME NAMEKolleha Kehhehen, chawrence J. STREET ADDRESS STREET ADDRESS 700 Universe Boulevard CITY-ST-ZIP CITY-ST-ZIP Juno Beach, FL 33408 TITLE TITLE DS Dennis P. Coyle NAME NAME STREET ADDRESS STREET ADDRESS 700 Universe Boulevard CITY+ST-7/P CITY-ST-ZIP Juno Beach, FL 33408 TITLE VAS NAME NAME Collins, Stephen M. STREET ADDRESS STREET ADDRESS DO NOT WRITE 700 Universe Boulevard CITY-ST-ZIP CITY-ST-ZIP Juno Beach, FL 33408-TITH F IN THIS SPACE TITLE NAME NAME McGrath, Robert L. STREET ADDRESS STREET ADDRESS 700 Universe Boulevard CITY-ST-ZIP CITY-ST-ZIP Juno Beach, FL 33408 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

A Dennis P. Coyle

03/11/02

CR2E034B (12/01)