


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90007 035 ***150.00

DOCUMENT # L18134 1. Entity Name ALANDCO I, INC.	
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Principal Place of Business 700 UNIVERSE BLVD ATTN: DENNIS P. COYLE JUNO BEACH, FL 33408	Mailing Address 700 UNIVERSE BLVD. ATTN: COYLE, DENNIS, P JUNO BEACH, FL 33408 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0148416	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEON, J E
9250 W FLAGLER ST
MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS COLLINS, STEPHEN M 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUTLER, PAUL I 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COYLE, DENNIS P 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLEHER, LAWRENCE J 700 UNIVERSE BLVD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Dennis P. Coyle 01/29/04 (561) 694-3424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #