

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT STATE Sandra B. Morth Secretary of Stat DIVISION OF CORPORATIONS
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DOCUMENT # **L81866** (0)

1. Corporation Name
ALLSTATE COMPUTER, INC.



Principal Place of Business 880 JUPITER PARK DR STE - 7 JUPITER FL 33458 US	Mailing Address 880 JUPITER PARK DR STE - 7 JUPITER FL 33458-8901 US
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2. Principal Place of Business 21 1660 Cypress Drive Suite, Apt. #, etc. 22 Suite # 3 City & State 23 Jupiter, FL Zip 24 33469 Country 25 USA	2a. Mailing Address 26 1660 Cypress Drive Suite, Apt. #, etc. 27 Suite # 3 City & State 28 Jupiter, FL Zip 29 33469 Col 30 SA
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3. Date Incorporated or Qualified 06/20/1990	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0201037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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	

9. Name and Address of Current Registered Agent LAPLATTE, DAVID PAUL 880 JUPITER PARK DR STE - 7 33458ER FL 33458	
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10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1660 Cypress Drive Suite # 3 City Jupiter, FL 85 Zip Code 33469	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____ (NOTE: Registered agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LAPLATTE, DAVID PAUL	1.2	
STREET ADDRESS	880 JUPITER PARK DRIVE / STE - 7	1.3	1660 Cypress Drive, Suite #3
CITY - ST - ZIP	JUPITER FL	1.4	Jupiter, FL 33469
TITLE	<input type="checkbox"/> DELETE	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	
STREET ADDRESS		2.3	
CITY - ST - ZIP		2.4	
TITLE	<input type="checkbox"/> DELETE	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3	
CITY - ST - ZIP		3.4	
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	
CITY - ST - ZIP		4.4	
TITLE	<input type="checkbox"/> DELETE	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	
CITY - ST - ZIP		5.4	
TITLE	<input type="checkbox"/> DELETE	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	
CITY - ST - ZIP		6.4	

14. I do 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:  **4/29/97** **561-743-1521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)