

4-72-55 P-3345-C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
 ANNUAL REPORT  
 1995



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 APR 12 PH 10: 04

DOCUMENT # **P09707** (1)

1. Corporation Name  
**ALAN-MAYHEW LTD., INCORPORATED**

Principal Place of Business Mailing Address  
**435 MOLA AVENUE 435 MOLA AVENUE**  
**FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/10/1986</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>04-2497392</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
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**FIRST FLORIDA BAK BLDG.**  
**SUITE 420**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 State <b>FL</b>
86 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>WIGHT, BRANDON M</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>435 MOLA AVENUE</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33301</b>	1.2 NAME	
TITLE <b>T</b>	NAME <b>BLACKWELL, BRUCE A.</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>435 MOLA AVENUE</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33301</b>	1.4 CITY-ST-ZIP	
TITLE <b>C</b>	NAME <b>BAKINOWSKI, DANIEL V.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>19 BALCARRES RD.</b>	CITY-ST-ZIP <b>WEST NEWTON MA 02165</b>	2.2 NAME	
TITLE <b>D</b>	NAME <b>WIGHT, BRANDON M.</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>435 MOLA AVENUE</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33301</b>	2.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>BLACKWELL, BRUCE A.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>435 MOLA AVENUE</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33301</b>	3.2 NAME	
TITLE <b>D</b>	NAME <b>BAKINOWSKI, DANIEL V.</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>19 BALCARRES ROAD</b>	CITY-ST-ZIP <b>WEST NEWTON MA</b>	3.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>WIGHT, BRANDON M.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>435 MOLA AVENUE</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33301</b>	4.2 NAME	
TITLE <b>D</b>	NAME <b>BLACKWELL, BRUCE A.</b>	4.3 STREET ADDRESS	
STREET ADDRESS <b>435 MOLA AVENUE</b>	CITY-ST-ZIP <b>FORT LAUDERDALE FL 33301</b>	4.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>BAKINOWSKI, DANIEL V.</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>19 BALCARRES ROAD</b>	CITY-ST-ZIP <b>WEST NEWTON MA</b>	5.2 NAME	
TITLE <b>D</b>	NAME <b>BAKINOWSKI, DANIEL V.</b>	5.3 STREET ADDRESS	
STREET ADDRESS <b>19 BALCARRES ROAD</b>	CITY-ST-ZIP <b>WEST NEWTON MA</b>	5.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>BAKINOWSKI, DANIEL V.</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>19 BALCARRES ROAD</b>	CITY-ST-ZIP <b>WEST NEWTON MA</b>	6.2 NAME	
TITLE <b>D</b>	NAME <b>BAKINOWSKI, DANIEL V.</b>	6.3 STREET ADDRESS	
STREET ADDRESS <b>19 BALCARRES ROAD</b>	CITY-ST-ZIP <b>WEST NEWTON MA</b>	6.4 CITY-ST-ZIP	

Mr. Bakinowski is no longer a Director, as of 1992 elections.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 amendments.

SIGNATURE: *Brandon M. Wight* 3/8/95 (305) 463-5415  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**Brandon M. Wight President/Director**