

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P09707 (1)**

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



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

Mailing Address  
**435 MOLA AVENUE  
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified **04/10/1986** 3a. Date of Last Report **04/12/1995**

4. FEI Number **04-2497392** Applied For Not Applicable

5. Gettable of State Desired  **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 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**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WIGHT, BRANDON M</b>	
STREET ADDRESS	<b>435 MOLA AVENUE</b>	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACKWELL, BRUCE A.</b>	
STREET ADDRESS	<b>435 MOLA AVENUE</b>	
CITY-STATE-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKINOWSKI, DANIEL V.</b>	
STREET ADDRESS	<b>19 BALCARRES RD.</b>	
CITY-STATE-ZIP	<b>WEST NEWTON MA 02165</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WIGHT, BRANDON M.</b>	
STREET ADDRESS	<b>435 MOLA AVENUE</b>	
CITY-STATE-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACKWELL, BRUCE A.</b>	
STREET ADDRESS	<b>435 MOLA AVENUE</b>	
CITY-STATE-ZIP	<b>FORT LAUDERDALE FL 33301</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

**700001763737**  
-04/01/96--01013--009  
\*\*\*200.00

*3/29*

14. I do hereby certify that the information supplied herein 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 in an attachment with an asterisk.

SIGNATURE: *Brandon M. Wight*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Brandon M. Wight**  
President/Director

*3/19/96* (305) 463-5415

CR2E034 (12/95)