

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 33301-2447
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/10/1986	3a. Date of Last Report 03/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 04-2497392	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **FL** 85. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Clerk
3.2 NAME	Daniel V. Bakinowski
3.3 STREET ADDRESS	99 Trapelo Road
3.4 CITY - ST - ZIP	Lincoln, MA 01773
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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 an address.

SIGNATURE: Brandon M. Wight 4/11/97 (954) 463-5415

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

CR2E034 (9/96)