

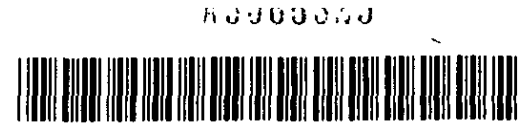
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90288 010 ***150.00

DOCUMENT # V12248
 1. Entity Name
AL-DAN INCORPORATED

Principal Place of Business Mailing Address
504 JENNIFER LANE **P. O. BOX 1698**
WINDERMERE FL 34786 **WINDERMERE FL 34786-1698**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5142 Pine Top Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, FL

Zip Country Zip Country
32819 **USA**

4. FEI Number Applied For
59-3107578 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CAVALLO, DANIEL
504 JENNIFER LANE
WINDERMERE FL 34786

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5142 Pine Top Place
 City State Zip Code
Orlando **FL** **32819**

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.

SIGNATURE *Daniel Cavallo* X *Daniel Cavallo* DATE *5/2/00*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CAVALLO, DANIEL	504 JENNIFER LANE	WINDERMERE FL	<input type="checkbox"/>
VPST	CAVALLO, ALICE	504 JENNIFER LANE	WINDERMERE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5142 Pine Top Place	Orlando, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5142 Pine Top Place	Orlando, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice P. Cavallo* *Alice P. Cavallo* Date Daytime Phone # *407-876-3033*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)