

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G56176

**Entity Name:** ALANDCO/CASCADE, INC.

**Current Principal Place of Business:**

700 UNIVERSE BLVD  
JUNO BEACH, FL 33408

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC2046241893**

**Current Mailing Address:**

700 UNIVERSE BLVD  
ATTN: CORPORATE GOVERNANCE  
JUNO BEACH, FL 33408 US

**FEI Number: 59-2339943**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEON, J E  
4200 WEST FLAGLER STREET  
SUITE 2113  
MIAMI, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           ROOT, RHODE  
Address        700 UNIVERSE BLVD  
City-State-Zip: JUNO BEACH FL 33408

Title           TREASURER  
Name           CUTLER, PAUL T  
Address        700 UNIVERSE BLVD  
City-State-Zip: JUNO BEACH FL 33408

Title           SECRETARY  
Name           SEELEY, W. SCOTT  
Address        700 UNIVERSE BLVD  
City-State-Zip: JUNO BEACH FL 33408

Title           ASSISTANT SECRETARY  
Name           PLOTSKY, MELISSA A  
Address        700 UNIVERSE BLVD  
City-State-Zip: JUNO BEACH FL 33408

Title           DIRECTOR, VP  
Name           RUBIO, ALEX  
Address        700 UNIVERSE BLVD  
City-State-Zip: JUNO BEACH FL 33408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MELISSA A. PLOTSKY**

**ASSISTANT SECRETARY   04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date