

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

FILED
Mar 23 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 317299 (6)
1. Corporation Name
JOHN ALLEN HOLDING COMPANY

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| Principal Place of Business 3500 ALOMA AVE. P.O. BOX 5035 WINTER PARK FL 32783-5035 | Mailing Address 3500 ALOMA AVE. P.O. BOX 5035 WINTER PARK FL 32793-5035 |
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DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|--|--|---|
| 2. Principal Place of Business 21 1158 Carmel Circle Suite, Apt. #, etc. 22 #320 City & State 23 Casselberry, FL Zip Country 24 32707 25 USA | | 2a. Mailing Address 26 1158 Carmel Circle Suite, Apt. #, etc. 27 #320 City & State 28 Casselberry, FL Zip Country 29 32707 30 USA | | 3. Date Incorporated or Qualified 05/30/1967 |
| | | | | 4. FEI Number 59-1166169 Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent ALLEN, JOHN E 3500 ALOMA AVENUE WINTER PARK FL 32783 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1158 Carmel Circle #320 83 84 City Casselberry FL 85 Zip Code 32707 | |
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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

Signature: typed or printed name of registered agent and filed if applicable

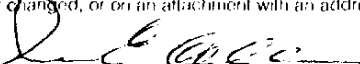
(NOTE: Registered Agent signature required when reappointing)

DATE

| | | | |
|----------------------------|-------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PSD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALLEN, JOHN E | 12 NAME | |
| STREET ADDRESS | 3500 ALOMA AVENUE | 13 STREET ADDRESS | 1158 CARMEL CIRCLE #320 |
| CITY-ST-ZIP | WINTER PARK FL | 14 CITY-ST-ZIP | Casselberry, FL 32707 |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOMINICK, JULIAN | 2.2 NAME | |
| STREET ADDRESS | 170 E. WASHINGTON | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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:



John E. Allen

3/16/98

407-679-6661

CR2E034 (10/97)