

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 693340 (2)

1. Corporation Name

ALANDCO INC.

Principal Place of Business

**ATTN: D P COYLE
11770 US HWY #1, P.O. BOX 088801
N PALM BCH FL 33408**

Mailing Address

**ATTN: D P COYLE
11770 US HWY #1, P.O. BOX 088801
N PALM BCH FL 33408**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1981

3a. Date of Last Report

03/28/1994

4. FEI Number

59-2121183

Applied For

Not Applicable

5. Certificate of Status 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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

700 UNIVERSE BLVD.

Suite, Apt. #, etc.

ATTN: DENNIS P. COYLE

City & State

JUNO BEACH, FL

Zip

33408

Country

USA

9. Name and Address of Current Registered Agent

**LEON, J E
9250 WEST FLAGLER STREET
MIAMI FL 33174**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
SAMIL, D. L.
700 UNIVERSE BLVD
JUNO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DS
COYLE, DENNIS P
700 UNIVERSE BLVD
JUNO BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPC
HERTZ, JAMES E
11770 US HWY #1
N PALM BCH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
EVANSON, PAUL J
700 UNIVERSE BLVD
JUNO BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VCAS
COLLINS, STEPHEN M
11770 U S HIGHWAY 1
NORTH PALM BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☒ Addition

**AC
STAMM, SOLOMON L.
9250 WEST FLAGLER STREET
MIAMI, FL 33174**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 its agent, or a trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

Dennis P. Coyle

March 15, 1995

(407) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number