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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 717377 (6)

1. Corporation Name
ALCO-HALL, INC.



Principal Place of Business Mailing Address
1215 LAKE DRIVE COCOA FL 32922 1215 LAKE DRIVE COCOA FL 32922-6293

3. Date Incorporated or Qualified 10/16/1969 3a. Date of Last Report 04/03/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7061960 Applied For Not Applicable
21 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
22 City & State 28 City & State
23 Zip Country 29 Zip Country 30
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MELTON, JONATHAN 1215 LAKE DR COCOA FL 32922
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Jonathan M. Melton (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN LEAR, JACK	1.2 NAME	Michael S. Corey
STREET ADDRESS	35 CARLETON ST.	1.3 STREET ADDRESS	1215 Lake Dr.
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	COCOA, FL. 32922
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVEY, JUDY	2.2 NAME	JACK Vanhear
STREET ADDRESS	275 EAGLE LANE	2.3 STREET ADDRESS	85 Carleton St.
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	COCOA, FL. 32922
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Steve Elm Sec. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, STEVE	3.2 NAME	Steve Ellis
STREET ADDRESS	535 DELANNOY AVE	3.3 STREET ADDRESS	535 Delannoy Ave.
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	COCOA FL.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, KENNY	4.2 NAME	Jonathan Melton
STREET ADDRESS	5493 FLINT RD.	4.3 STREET ADDRESS	5540 KAW PALM AVE.
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	COCOA, FL. 32927
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY, MIKE	5.2 NAME	
STREET ADDRESS	1212 LAKE DE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENNER, LEE	6.2 NAME	
STREET ADDRESS	1080 MATADOR DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael S. Corey MICHAEL S. COREY 2/4/97 407 632-5968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019027

CR2E037 (9/96)