

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H09451 (6)
1. Corporation Name
ALAFAYA UTILITIES, INC.



Principal Place of Business: **200 WEATHERSFIELD AVE, ALTAMONTE SPRINGS FL 32714 US**
Mailing Address: **2335 SANDERS RD, NORTHBROOK IL 60062 US**

3. Date Incorporated or Qualified: **06/25/1984**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2419800**
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 (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 the filer, as applicable) (NOTE: Registered Agent signature must be in blue ink) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OWENS, PERRY B. | 1.2 NAME | |
| STREET ADDRESS | 2335 SANDERS RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTHBROOK IL | 1.4 CITY-ST-ZIP | |
| TITLE | VS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEMAREE, DAVID H. | 2.2 NAME | |
| STREET ADDRESS | 2335 SANDERS RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTHBROOK IL | 2.4 CITY-ST-ZIP | |
| TITLE | VDT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'BRIEN, PATRICK J. | 3.2 NAME | |
| STREET ADDRESS | 2335 SANDERS RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTHBROOK IL | 3.4 CITY-ST-ZIP | |
| TITLE | VDSO <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIBSON, JOHN S | 4.2 NAME | |
| STREET ADDRESS | 600 EAST LAS COLINAS, #400 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX 75039 | 4.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNYDER, SHARLENE D | 5.2 NAME | |
| STREET ADDRESS | 600 EAST LAS COLINAS, #400 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX 75039 | 5.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHUPE, KEITH | 6.2 NAME | |
| STREET ADDRESS | 600 EAST LAS COLINAS, #400 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | IRVING TX 75039 | 6.4 CITY-ST-ZIP | |

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 119.07(3)(k), 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: **2/6/96 847-498-6440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)