

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 60062-6108 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/25/1984	3a. Date of Last Report 04/23/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2419800	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Chairman & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OWENS, PERRY B.		1.2 NAME James L. Camaren	
STREET ADDRESS 2335 SANDERS RD		1.3 STREET ADDRESS 2335 Sanders Road	
CITY-ST-ZIP NORTHBROOK IL		1.4 CITY-ST-ZIP Northbrook, IL 60062	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEMAREE, DAVID H.		2.2 NAME Lawrence N. Schumacher	
STREET ADDRESS 2335 SANDERS RD.		2.3 STREET ADDRESS 2335 Sanders Road	
CITY-ST-ZIP NORTHBROOK IL		2.4 CITY-ST-ZIP Northbrook, IL 60062	
TITLE VDT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME O'BRIEN, PATRICK J.		3.2 NAME Carl J. Wenz	
STREET ADDRESS 2335 SANDERS RD.		3.3 STREET ADDRESS 2335 Sanders Road	
CITY-ST-ZIP NORTHBROOK IL		3.4 CITY-ST-ZIP Northbrook, IL 60062	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Andrew N. Dopuch	
STREET ADDRESS		4.3 STREET ADDRESS 2335 Sanders Road	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Northbrook, IL 60062	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence N. Schumacher 2/14/97 847 498 6440
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)