

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90082 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H09451

1. Corporation Name
ALAFAYA UTILITIES, INC.

026205



DO NOT WRITE IN THIS SPACE

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

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit: 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CAMAREN, JAMES	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	DEMAREE, DAVID H.	
STREET ADDRESS	2335 SANDERS RD.	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHUMACHER, LAWRENCE	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WENZ, CARL J	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DOPUCH, ANDREW N	
STREET ADDRESS	2335 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VS Dopuch, Andrew
5.3 STREET ADDRESS	2335 Sanders Road
5.4 CITY-ST-ZIP	Northbrook, IL 60062
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: _____ DATE: **4/20/99**

CR2E034 (1/198)