

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

95 JUN 30 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

PROFIT CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **J12915** (1)
 1. Corporation Name
AL-N DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
8 LEWIS ANSBACHER **1001 3RD AVE. W.**
4215 SOUTHPOINT BLVD. #100 **#410**
JACKSONVILLE FL 32216 **BRADENTON FL 34205**
US

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country
 24 25 29 30

3. Date Incorporated or Qualified **05/06/1986** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-2666232** 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
 7. This corporation has liability for intangible tax under s. 199 (3)? Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
 81 Name **Edward Vogler II**
 82 Street Address (P.O. Box Number is Not Acceptable) **802 11th Street West**
 83
 84 **Bradenton, FL** 85 Zip Code **34205**

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]* DATE **6-29-95**
Signature, typed or printed name of the agent and fee, if applicable. (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ALLEN, RONALD J.
STREET ADDRESS	6020 SHORE ACRES DR, NW
CITY - ST - ZIP	BRADENTON FL
TITLE	V
NAME	ALLEN, VIRGINIA E
STREET ADDRESS	6020 SHORE ACRES DR, NW
CITY - ST - ZIP	BRADENTON FL
TITLE	S
NAME	ALLEN, NANCY A
STREET ADDRESS	6020 SHORE ACRES DR, NW
CITY - ST - ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Allen, Ronald J.
13 STREET ADDRESS	6020 Shore Acres Dr., NW
14 CITY - ST - ZIP	Bradenton, FL
21 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Vining, Charles Timothy
23 STREET ADDRESS	1001 3rd Ave W Ste #410
24 CITY - ST - ZIP	Bradenton, FL
31 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	McCoy, Michael P.
33 STREET ADDRESS	1001 3rd Ave W Ste #410
34 CITY - ST - ZIP	Bradenton, FL
41 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	McDonough, Kenneth
43 STREET ADDRESS	1001 3rd Ave W Ste #410
44 CITY - ST - ZIP	Bradenton, FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	000001531080
53 STREET ADDRESS	-07/06/95--01070--007
54 CITY - ST - ZIP	***225.00 ***225.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: *[Signature]* DATE **6-29-95** (94) 745-1228
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

CR2E034 (3/95)