

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

FILED
May 08 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 # J82179 (9)
1. Corporation Name
ALOP, INC.

Principal Place of Business
719 COMMERCE CIR
LONGWOOD FL 32750

Mailing Address
719 COMMERCE CIR
LONGWOOD FL 32750-3605



2. Principal Place of Business 21 735 Commerce Circle Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 735 Commerce Circle Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/10/1987		3a. Date of Last Report 05/01/1996	
				4. FEI Number 59-2844553		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ALLEN, RONALD P. 719 COMMERCE CIR LONGWOOD FL 32770				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2104 Venetian Way 83 84 City Winter Park FL 85 Zip Code 32789			
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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 *Ronald P. Allen* Ronald P. Allen, President 4/25/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RONALD P.	1.2 NAME	
STREET ADDRESS	719 COMMERCE CIR.	1.3 STREET ADDRESS	2104 Venetian Way
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAND, G. THOMAS JR.	2.2 NAME	
STREET ADDRESS	3455 TABB DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, GAIL L	3.2 NAME	
STREET ADDRESS	719 COMMERCE CIR.	3.3 STREET ADDRESS	2904 Backiel Drive
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, G. ROBERT	4.2 NAME	
STREET ADDRESS	719 COMMERCE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD G. ROBERT, JR.	5.2 NAME	
STREET ADDRESS	719 COMMERCE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MALCOLM C	6.2 NAME	
STREET ADDRESS	719 COMMERCE CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Ronald P. Allen* Ronald P. Allen, President 4/25/97 407-834-3239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)