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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
	OCU	MENT # K98	382	(0)										
		I ALAN CONSTRUCTIO	N CORPORATIO	ON O										
											18 13181 18180 11181 18111		ian alan alan a	AN MAN NAM
L	Control (D)	46												
i i	•	e of Business	-	Mailing Address										
	BUILDING II	A MANGOLD NORTH UNIT 3		P.O. BOX 15454 West Palm Beach FL 33416										
	WEST PALM JS	BEACH FL 33409	US	US						S-1- (DO NOT WRI		S SPACE	
'	J 0									06/27/19	orated or Qualifie	a .		
2.	Principal P	lace of Business	ailing Address					El Numbe		······································		pplied For		
21	Pulto Ant	# ato	26	 						<u>65-014</u>	4801			lot Applicable
22	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.									of Status Desired	X		Additional Required
	City & State			City & State					6. E	lection Ca	mpaign Financing) May Be
23		28								rust Fund	Contribution		Added	to Fees
24	Zip						,				ation owes or has			
[24]		30						operty Tax due Ju-			No No			
	l'O		81	Name										
O'HARA, PATRICK M ESQUIRE 324 DATURA STREET, COMMERCE CENTER						82	Street	Addres	s (P.C). Box Num	ber is Not Accept	able)		
WEST PALM BEACH FL 33401						63								
							City					F	85 Zip	Code
11	Pursuant t	to the provisions of Sections 6 agistered agent, or both, in the m familiar with, and accept the	07.0502 and 607.1508	B, Florida Statu	les, the ab	XOVE	-named	corpor	ation	submits thi	s statement for the	purpose	of changing	its registered
	agent. I a	m familiar with, and accept the	obligations of, Section	on 607.0505, FI	orida Stati	utes	6. III COI	poración	15 00	ard or direc	nors. Thereby acc	abriua at	эролипен аз	s registered
SI	GNATURE	Signature, typed or printed name of regist	ered agent and title if applicat	ole. (NO)	TE: Registored	Age	mt sinnature	heriuna e	when re	Inetation\		DATE		
12			S AND DIRECTORS	(140)	13.	· igo	an organizaci	710441180			CHANGES TO OFF		ID DIRECTO	R\$ IN 12
TIT		PD		DELETE		1.1 TITLE							X Change	☐ Addition
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l	EET ADDRESS Y-ST-ZIP	WEST PALM BEACH FL			1.3 ST		ADDRESS	410	13	-Mom El.	33401	,		
TITO		STD		DELETE	2.1 TIT		1-711	-771		· · · · · ·	,,		Change	Addition
NAI	Æ	WOOSTER, ROBERT A			2.2 NA	ME				اسم			•	
l	EET ADDRESS	1547 FLORIDA MANGO			2.3 STF	REET	ADDRESS	156			North A	ve.		
CIT	Y-S1-ZIP	WEST PALM BEACH FL	33406	DELETE	2. 4 CIT		T-ZIP	Wf	<i>'</i> B,	FI.	33418		Change	Addition
NAA				_ vicin	3.2 NAI								Change	☐ Addition
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	r-ST-ZIP				4.4 CIT									
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	EET ADDRESS				5.3 STR	EET /	address							1
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NAM				LJ VIIII	6.1 TITL 6.2 NAM								L Change	Addition
	EET ADDRESS						ADDRESS							
	CT 710					,								

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, of an attachment with an address.

(541) 697-0039

FILED

Mar 16 1998 8:00am