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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L18134** **(1)**

1. Corporation Name
ALANDCO I, INC.

Principal Place of Business	Mailing Address
ATTN: D. P. COYLE 11770 US HWY #1. P.O. BOX 088801 N PALM BCH FL 33408	700 UNIVERSE BLVD. ATTN: COYLE, DENNIS, P JUNO BEACH FL 33408-2657 US

3. Date Incorporated or Qualified: **09/21/1989**
3a. Date of Last Report: **03/12/1996**

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

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **65-0148416** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

LEON, J E
9250 W FLAGLER ST
MIAMI FL 33174

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HERTZ, JAMES E		1.2 NAME	
STREET ADDRESS	11770 US HWY #1		1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL		1.4 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, STEPHEN M		2.2 NAME	
STREET ADDRESS	11770 US HWY #1		2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMIL, D.L.		3.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COYLE, DENNIS P		4.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Dennis P. Coyle 03/06/97 (561) 694-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #