

DUPLICATE RETURN -

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042942 (1)

1. Corporation Name
ALANOR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % MARGRIT S. BERNSTEIN 69 MERRICK WAY SUITE 201 CORAL GABLES FL 33134		Mailing Address % MARGRIT S. BERNSTEIN 69 MERRICK WAY SUITE 201 CORAL GABLES FL 33134	
2. Principal Place of Business 21 ABOVE Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 ABOVE Suite, Apt. #, etc. 27 City & State 28 Zip 29	
3. Date Incorporated or Qualified 06/17/1993		3a. Date of Last Report 02/06/1996	
4. FEI Number 65-0427892		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BERNSTEIN, MARGRIT S 69 MERRICK WAY SUITE 201 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0512 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, to 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: ALAN J. STOLZ, PRESIDENT 7/20/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D STOLZ, ALAN J FIVE LOCKWOOD CIR WESTPORT CN 06880	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D GREENFIELD, ELEANOR S 2805 E BEVERLY RD SHOREWOOD WI 53211	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)

ALANOR, INC.
A FLORIDA CORPORATION

Alan J. Stolz, President
Eleanor S. Greenfield, Secy/Treas.

Offices at Five Lockwood Circle
Westport, Connecticut
06880-(203) 226-4389

Florida Address:
c/o Margrit S Bernstein
69 Merrick Way # 201
Coral Gables, Fla. 33134

25 July 1997

Florida Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, Fl. 32302-1500

Sir/Madame;

It would appear that documents pertaining to the annual re-registration of this corporation have been lost in transit, and kindly note the following information:

1. On February 25th, 1997, the undersigned returned to your office the annual report for 1997 for ALANOR, INC.
2. Our check for your fee of \$165.00, Check # 503, was attached.
3. Your office recently sent Ms Bernstein another set of forms, and after her followups learned that you had returned to her the original items indicated above.
4. Our check for \$165.00, which Ms Bernstein states you did indeed receive, has not cleared our bank account. Also, the documents your office returned to our company were never received by Ms Bernstein nor by any company officers. The whereabouts of the check and paperwork are classified in the Great Unknown.
5. Following Ms Bernstein's directions, I am enclosing a duplicate Corporation Report form, signed appropriately, with a replacement check for the original \$165.00. I've stopped payment on the missing check of last February 25th. This should bring our records up-to-date and current.

Many thanks for your assistance and cooperation, and we'd appreciate confirmation of your receipt of the enclosed. With thanks I remain,

Sincerely yours,

Alan J. Stolz
President, ALANOR, Inc

CC: Margrit S Bernstein, Esq

Encls: Return/Check
Xerox 1st papers.