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55 MAY -1 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000015213 (9)
1. Corporation Name
ALANCO & ESTELA CORPORATION

Principal Place of Business Mailing Address
**10044 S. OCEAN DR.
UNIT 1001
JENSEN BEACH FL 34957** **10044 S. OCEAN DR.
UNIT 1001
JENSEN BEACH FL 34957**

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

3. Date Incorporated or Qualified 3a. Date of Last Report
02/21/1994

4. FEI Number Applied For
65-0476769 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COSTESCU, NITA
10044 S. OCEAN DR.
UNIT 1001
JENSEN BEACH FL 34957**

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Typed in Block 12 or printed name of registered agent and the following: (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY ST ZIP	14 CITY ST ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY ST ZIP	24 CITY ST ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY ST ZIP	34 CITY ST ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY ST ZIP	44 CITY ST ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY ST ZIP	54 CITY ST ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY ST ZIP	64 CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11 TITLE P/D/TR.
12 NAME NITA COSTESCU
13 STREET ADDRESS 10044 SOUTH OCEAN DRIVE, UNIT # : 1001
14 CITY ST ZIP JENSEN BEACH, FL. 34957
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE
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 119.07(3)(b), 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: *Nita Costescu* - NITA COSTESCU APRIL 26, 95 (407) 229-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date