

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000015213 (9)**

1. Corporation Name  
**ALANCO & ESTELA CORPORATION**



Principal Place of Business  
**3199 4004 S. OCEAN DR. UNIT #301E JENSEN BEACH FL 34967 HALLANDALE, FL 33009**

Mailing Address  
**3199 4004 S. OCEAN DR. UNIT 1001 301E JENSEN BEACH FL 34967 HALLANDALE, FL 33009**

3. Date Incorporated or Qualified: **02/21/1994**  
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0476769**  
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

2. Principal Place of Business  
21 **3199 S. OCEAN DRIVE**  
Suite, Apt. #, etc.: **301E**

2a. Mailing Address  
26 **3199 S. OCEAN DRIVE**  
Suite, Apt. #, etc.: **301E**

23 **HALLANDALE, FLORIDA**  
City & State

24 **33009** Zip  
25 **U.S.A.** Country

27 **HALLANDALE, FLORIDA**  
City & State

28 **HALLANDALE, FLORIDA**  
City & State

29 **33009** Zip  
30 **U.S.A.** Country

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

**10. Name and Address of New Registered Agent**

**COSTESCU, NITA**  
**10044 S. OCEAN DR.**  
**UNIT 1001**  
**JENSEN BEACH FL 34957**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3199 S. OCEAN DRIVE**  
83 **UNIT 301E**  
84 City **HALLANDALE** FL 85 Zip Code **33009**

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

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>COSTESCU, NITA</b>	
STREET ADDRESS	<b>10044 SOUTH OCEAN DRIVE, UNIT 1001</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3199 S. OCEAN DR., UNIT 301E</b>
1.4 CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: Nita Costescu  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/96** (954)456-9476  
Date Date of Filing

CR2E034 (12/95)