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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000031888 (8)

1. Corporation Name

ALKUR, INC.



Principal Place of Business

Mailing Address

~~1120 ROYAL PALM BEACH BLVD.~~  
~~#172~~  
~~ROYAL PALM BEACH FL 33411~~

~~1120 ROYAL PALM BEACH BLVD.~~  
~~#172~~  
~~ROYAL PALM BEACH FL 33411~~

2. Principal Place of Business

2a. Mailing Address

21 6342 FOREST HILL BLVD

26 6342 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 239

27 # 239

City & State

City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Zip

24 33462

25 PALM BEACH

29 33462

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~YOUNG, FRANK E~~  
~~1120 ROYAL PALM BEACH BLVD.~~  
~~#172~~  
~~ROYAL PALM BEACH FL 33411~~

81 Name GARY KORNFIELD  
82 Street Address (P.O. Box Number is Not Acceptable) 1400 CENTRE PARK BLVD. # 1400  
83  
84 City WEST PALM BEACH FL 85 Zip Code 33401

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

GARY KORNFIELD

(NOTE: Registered Agent signature required when reinstating)

DATE 1/18/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME YOUNG, FRANK E  
STREET ADDRESS 1120 ROYAL PALM BEACH BLVD., SUITE 172  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D  
NAME HEINE, CHRIS A  
STREET ADDRESS 4974 WAVERLY WOODS TERRACE  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)