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Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000075013 (0)

1. Corporation Name
ALY-CORT, INC.



Principal Place of Business

P.O. BOX 80-0655
MIAMI FL 33280

Mailing Address

P.O. BOX 80-0655
MIAMI FL 33280-0655

3. Date Incorporated or Qualified 10/06/1994	3a. Date of Last Report 04/11/1996
4. FEI Number 65-0529126	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 P.O. Box 4152 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 4152 Suite, Apt. #, etc.
22 City & State 23 Tequesta, FL Zip 24 33469 Country 25 USA	27 City & State 28 Tequesta, FL Zip 29 33469 Country 30 USA

9. Name and Address of Current Registered Agent

MARTINO, DEBORAH
6850 PERSHING STREET
HOLLYWOOD FL 33024

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

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

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	PD	1.1 TITLE	PD
NAME	GROSSE, EDDY	1.2 NAME	GROSSE, EDDY
STREET ADDRESS	P O BOX 80-0655 N/A	1.3 STREET ADDRESS	P.O. Box 4152 N/A
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Tequesta, FL 33469-9152
TITLE	S	2.1 TITLE	MARTINO, Deborah
NAME	MARTINO, DEBORAH	2.2 NAME	MARTINO, Deborah
STREET ADDRESS	P O BOX 80-0655	2.3 STREET ADDRESS	P.O. Box 4152 N/A
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Tequesta, FL 33469-9152
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

CR2E034 (9/96)