

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000018709 (2)

1. Corporation Name

ALAN'S DELIVERY SERVICE, INC.



Principal Place of Business

3961 NORTH 41ST COURT
HOLLYWOOD FL 33021

Mailing Address

3961 NORTH 41ST COURT
HOLLYWOOD FL 33021

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

GRAND, MARK S
3440 HOLLYWOOD BLVD., STE. 450
HOLLYWOOD FL 33021

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 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change Agent (Print Name and Title)

(Print Name and Title of Agent who is not a corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HOROWITZ, ALAN R	
STREET ADDRESS	3961 NORTH 41ST COURT	
CITY, ST, ZIP	HOLLYWOOD FL 33021	
TITLE	D	DELETE
NAME	FIELDS, LINDA C	
STREET ADDRESS	3961 NORTH 41ST COURT	
CITY, ST, ZIP	HOLLYWOOD FL 33021	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. 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(5)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 partnership or trust or am authorized 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 attached form with an address.

SIGNATURE:

Linda C. Fields
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
LINDA C. FIELDS

4/16/96 (84)989-2889
DISPATCH NUMBER

CR2E034 (12/95)