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Apr 23 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 # P95000057757 (3)

1. Corporation Name
ALDENTERPRISES, INC.



Principal Place of Business
1500 BEVILLE ROAD
SUITE 606-241
DAYTONA BEACH FL 32114-5644

Mailing Address
1500 BEVILLE ROAD
SUITE 606-241
DAYTONA BEACH FL 32114-5643

3. Date Incorporated or Qualified 07/26/1995	3a. Date of Last Report 04/28/1996
4. FEI Number 59-3332603	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

ALDEN, GLEN
1500 BEVILLE ROAD
SUITE 606-241
DAYTONA BEACH FL 32114-5644

10. Name and Address of New Registered Agent

81. Name
ALDEN, GLEN
82. Street Address (P.O. Box Number is Not Acceptable)
723 BUENA VISTA AVENUE
83.
84. City
ORMOND BEACH FL
85. Zip Code
32174

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST	1.1 TITLE	VICE PRESIDENT, T, S, M
NAME	ALDEN, GLEN	1.2 NAME	ALDEN, GLEN
STREET ADDRESS	1500 BEVILLE ROAD, SUITE 606-241	1.3 STREET ADDRESS	723 BUENA VISTA AVENUE
CITY-ST-ZIP	DAYTONA BEACH FL 32114-5644	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 on an attachment with an address.

SIGNATURE:

Glen F. Alden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLEN F. ALDEN
V.P.
4/17/97 (904) 673-9796
Date Daytime Phone #