## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000081118 (8) DOCUMENT #

ALANI GROUP, INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 757 SE 17TH STRET 757 SE 17TH STRET DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3. Date Incorporated or Qualified 10/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0622760 Not Applicable Suite Apt. #, etc. Suite, Apt\_#, etc **\$8.75** Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BLOCH, STUART E 2600 N. MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 **FOURTH FLOOR** 83 **BOCA RATON FL 33431** 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 R2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. PCEO DELETE Change Addition TITLE 111011 LAFRENADE, WADE 1.2 NAME NAME 3390 NW 43RD ST. STREET ADDRESS 1.3 STREET ADDRESS LAND 'O LAKES FL 33309 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-S1-ZIF DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 2IP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 City - St - ZiP

14. I 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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, open an arachiticin with an address. 4115 98