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Apr 29, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000027756

1. Corporation Name  
ALICAN, INC.

Principal Place of Business  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480-4020

Mailing Address  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480-4020



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number  
65-0712911

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 340 Royal Poinciana Way

2a. Mailing Address  
26 340 Royal Poinciana Way

Suite, Apt. #, etc.  
22 Suite 316

Suite, Apt. #, etc.  
27 Suite 316

City & State  
23 Palm Beach, FL

City & State  
28 Palm Beach, FL

Zip Country  
24 33480 25 USA

Zip Country  
29 33480 30 USA

9. Name and Address of Current Registered Agent

TARR, WILLIAM F ESQ.  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name  
William F. Tarr, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
340 Royal Poinciana Way, Suite 316  
83  
84 City  
Palm Beach FL 85 Zip Code  
33480

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  DELETE

TITLE DP  
NAME FANJUL, CATHERINE  
STREET ADDRESS 316 ROYAL POINCIANA PLAZA  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ST  
NAME FANJUL, ANDRES B  
STREET ADDRESS 316 ROYAL POINCIANA PLAZA  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
340 Royal Poinciana Way  
Suite 316  
Palm Beach, FL 33480  
CORRECTION

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
340 Royal Poinciana Way  
Suite 316  
Palm Beach, FL 33480  
CORRECTION

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  Change  Addition

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 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 with a different like empowered.

SIGNATURE:

*ABT*

Secretary 3/26/99

561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)