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

PROFIT
CORPORATION
ANNUAL REPORT
1997

name Street address

CITY-ST-ZIP

14. I do hereby certify that the information s



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098966 (0)

A. & D. ALLEN PROPERTIES, INC.

Principal Place	e of Business	Ma	ailing Address				
2262 PIMLICO ST 2262 PIMLICO S			•	\$T			
						3. Date Incorporated or Qualified 12/09/1996	3a. Date of Last Report
21	lace of Businoss	2a. 26	Mailing Address 22/2 5.0	HICK	ASAW TR	4. FEI Number > 59-342 686	Applied For Not Applicable
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28	ORLANDO	FLA	untry	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9, Name and Address of Curro	29	7ip 32825		RANGE	This corporation has liability for Florida Statutes 10, Name and Address of New Re	Yes No
ALLE	N, PHILLIP A II		iorea rigeria		81 Name	10. Italia dia vidalega al Italia	giotorou vigorii
2262 PIMLICO ST ORLANDO FL 32822					82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
					83		7/11
					84 City		FL 85 Zip Code
11. Pursuant to office or reasont. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 60 le of Floric idations of	07.1508, Florida Statut ta: Such change was . Section 607.0505, Fl	ios, the a authorize orida Sta	bove-named corp d by the corporal tutes.	poration submits this statement for the plion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a				d Agent Bignature requi	red when re-installing)	DATE
12.	OFFICERS A	ND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 T	ITLF		Change Addition
NAME	ALLEN, PHILLIP A			1.2 N	AME		
STREET ADDRESS	2262 PIMLICO ST				TREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL 32822		DELETE		ITY-S1-ZIP		Change Addition
NAME			□ инн	211	}		Change En wontion
STREET ADDRESS					TREET ADDRESS		
CITY-ST-ZIP					City-SI-ZiP		•
TITLE			DELFTE	3.17			Change Addition
NAME				3.2 N	AME		
STREET ADDRESS				3.3 5	TREET ADDRESS		
CITY-ST-ZIP				3.4. 0	CHIY- S1-ZIP		
TITLE			DELETE	4.1 1	ITLE		Change Addition
NAME					NAME		
STREET ADDRESS					TREET ADDRESS		
CITY-ST-ZIP			DELETE		NY-SI-ZIP		Chance
TITLE			L DELETE	5.1 1	1		Change L. Addition
NAME OTREET ADDRESS				5.2 N			
STREET ADDRESS					TREET ADDRESS		
CITY-ST-ZIP			DELETE	5.4 C	17Y-S7-7IP		Change Addition

6.3 STREET ADDRESS

cualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rist true and accurate and that my signature shall have the same legal effect as if made under oath; that never to execute this report as required by Chapter 607, Florida Statutes; and that my name yaddress.

FILED

May 05 1997 8:00am

Secretary of State