

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023658 (2)
1. Corporation Name
ALLAWN, INC.

Principal Place of Business 2636 KEYSTONE ROAD TARPON SPRINGS FL 34689	Mailing Address 2636 KEYSTONE ROAD TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13209 OAK STREET Suite, Apt. #, etc. 22 City & State 23 ODESSA, FLORIDA 24 Zip 25 33556		2a. Mailing Address 26 13209 OAK STREET Suite, Apt. #, etc. 27 City & State 28 ODESSA, FLORIDA 29 Zip 30 33556		3. Date Incorporated or Qualified 03/10/1997	
4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent VALENTE, ANTHONY P JR 2730 CENTRAL AVENUE ST. PETERSBURG FL 33710		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WOOL, MICHEL	1.2 NAME	STRICKER, ALAN
STREET ADDRESS	2636 KEYSTONE ROAD	1.3 STREET ADDRESS	13209 OAK STREET
CITY - ST - ZIP	TARPON SPRINGS FL 34689	1.4 CITY - ST - ZIP	ODESSA, FL, 33556
TITLE	D	2.1 TITLE	
NAME	STRICKER, ALLEN	2.2 NAME	
STREET ADDRESS	13209 OAK STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL 33556	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 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:

Alan Stricker

4/30/98

(613) 926-0075

CR2E034 (10/97)