

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000026210 (9)**
1. Corporation Name
ALADDIN DOCUMENTATION SERVICES CORPORATION



Principal Place of Business 1015 S CONGRESS AVE SUITE 3 WEST PALM BEACH FL 33406	Mailing Address P.O. BOX 5524 LIGHTHOUSE POINT FL 33074
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1015 South Congress Avenue Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip 24 33406 Country 25 U.S.A.		2a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 U.S.A.		3. Date Incorporated or Qualified 03/24/1997	4. FEI Number 65-0739786 Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VANOVER, TERRIE L
1015 S CONGRESS AVE
SUITE 3
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name Vanover, Terrie L.
82 Street Address (P.O. Box Number is Not Acceptable) 1015 South Congress Avenue
83
84 City West Palm Beach FL 85 Zip Code 33406

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

Terrie L. Vanover

2/14/98

(Signature typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANOVER, VINCENT S			1.2 NAME	Vanover, Vincent S.		
STREET ADDRESS	1015 S CONGRESS AVE STE 3			1.3 STREET ADDRESS	1015 South Congress Avenue		
CITY-ST-ZIP	WEST PALM BEACH FL 33406			1.4 CITY-ST-ZIP	West Palm Beach, FL 33406		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VANOVER, TERRIE L			2.2 NAME	Vanover, Terrie L.		
STREET ADDRESS	1015 S CONGRESS AVE STE 3			2.3 STREET ADDRESS	1015 South Congress Avenue		
CITY-ST-ZIP	WEST PALM BEACH FL 33406			2.4 CITY-ST-ZIP	West Palm Beach, FL 33406		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Vanover, Pauline		
STREET ADDRESS				3.3 STREET ADDRESS	1015 South Congress Avenue		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	West Palm Beach, FL 33406		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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:

Vincent S. Vanover 2/14/98 (561) 964-7101

CR2E034 (1097)