

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V05582** (4)

1. Corporation Name

ALANNA VENTURES, INC.



Principal Place of Business

**ISLA DEL SOL
APT 204 BLDG P 6287
ST. PETERSBURG FL 33701
US**

Mailing Address

**C/O 18 LAWTON CRESCENT
ST. JOHN'S, NEWFOUNDLAND A1A 4R5
CA**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**GRIFFITHS, DR. ALAN K.
APT. 204, BLDG. P 6287
BAHIA DEL MAR CIRCLE
ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified

01/09/1992

3a. Date of Last Report

04/25/1995

4. FLS Number

59-3099691

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DT	GRIFFITHS, ALAN K	204P 6287 ISLA DEL SOL	ST PETERSBURG FL	☐
VPS	GRIFFITHS, ANNE S	204P 6287 ISLA DEL SOL	ST PETERSBURG FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

13.

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	CHANGE	ADDITION
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Alan K. Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN K GRIFFITHS

8 March 96 1-709-737-7616

or 1-709-576-4931

CR2E034 (12/95)