

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J21578 (6)**
1. Corporation Name
R.L.A., INC.

Principal Place of Business Mailing Address
7491 LADSON TERR. LAKE WORTH FL 33467 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1986** 3a. Date of Last Report: **06/21/1994**
4. FEI Number: **11-4361657** 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt #, etc. 26. Suite, Apt #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**ALPARONE, APRIL E
7491 LADSON TERR.
LAKE WORTH FL 33467**

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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature) _____ (Typed Name) _____ (Typed Name)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ALPARONE JR., RALPH N.
STREET ADDRESS	5272 JOG LN.
CITY ST ZIP	DELRAY BCH. FL
TITLE	VPS
NAME	ALPARONE, APRIL E
STREET ADDRESS	7491 LADSON TERR.
CITY ST ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY ST ZIP	
21. TITLE	
22. NAME	400001482514
23. STREET ADDRESS	-05/10/95--01060--013
24. CITY ST ZIP	****200.00 ****200.00
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY ST ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY ST ZIP	

5/1/95 Mst

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the owner 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 as an attachment with an address.

SIGNATURE: *[Signature]* 4-28 407-969-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR