

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Metham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K53137 (1)**

ALLAN WARREN, INC.



Principal Office Address: **7520 PEMBROKE ROAD MIRAMAR FL 33023**
Mailing Address: **7520 PEMBROKE ROAD MIRAMAR FL 33023**

2. Fiscal Year of Business: 21. Date Reported: 22. Fiscal Year: 23. State: 24. Country: 25. Country: 26. Meeting Address: 27. Date Reported: 28. City: 29. Zip: 30. Country: 9. Name and Address of Current Registered Agent

**ANNILLO, RICHARD A.
7520 PEMBROKE ROAD
MIRAMAR FL 33023**

3. Date of Incorporation or Qualification: **12/22/1988** 3a. Date of Last Report: **02/14/1995**
4. FEI Number: **65-0089161** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032, 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. I, the undersigned, the president of Section 607.09(2) and 607.19(2), Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office to the undersigned, as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am aware of and accept the obligations of Section 607.09(2), Florida Statutes.

12. OFFICERS AND DIRECTORS: [] DE FILE
PSD ANNILLO, RICHARD A. 7520 PEMBROKE ROAD MIRAMAR FL
[] DE FILE
[] DE FILE
[] DE FILE
[] DE FILE
[] DE FILE
[] DE FILE
[] DE FILE
[] DE FILE
[] DE FILE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: [] Change [] Add
1. NAME: [] Change [] Add
2. NAME: [] Change [] Add
3. NAME: [] Change [] Add
4. NAME: [] Change [] Add
5. NAME: [] Change [] Add
6. NAME: [] Change [] Add
7. NAME: [] Change [] Add
8. NAME: [] Change [] Add
9. NAME: [] Change [] Add
10. NAME: [] Change [] Add
11. NAME: [] Change [] Add
12. NAME: [] Change [] Add
13. NAME: [] Change [] Add
14. NAME: [] Change [] Add
15. NAME: [] Change [] Add
16. NAME: [] Change [] Add
17. NAME: [] Change [] Add
18. NAME: [] Change [] Add
19. NAME: [] Change [] Add
20. NAME: [] Change [] Add
21. NAME: [] Change [] Add
22. NAME: [] Change [] Add
23. NAME: [] Change [] Add
24. NAME: [] Change [] Add
25. NAME: [] Change [] Add
26. NAME: [] Change [] Add
27. NAME: [] Change [] Add
28. NAME: [] Change [] Add
29. NAME: [] Change [] Add
30. NAME: [] Change [] Add
31. NAME: [] Change [] Add
32. NAME: [] Change [] Add
33. NAME: [] Change [] Add
34. NAME: [] Change [] Add
35. NAME: [] Change [] Add
36. NAME: [] Change [] Add
37. NAME: [] Change [] Add
38. NAME: [] Change [] Add
39. NAME: [] Change [] Add
40. NAME: [] Change [] Add
41. NAME: [] Change [] Add
42. NAME: [] Change [] Add
43. NAME: [] Change [] Add
44. NAME: [] Change [] Add
45. NAME: [] Change [] Add
46. NAME: [] Change [] Add
47. NAME: [] Change [] Add
48. NAME: [] Change [] Add
49. NAME: [] Change [] Add
50. NAME: [] Change [] Add
51. NAME: [] Change [] Add
52. NAME: [] Change [] Add
53. NAME: [] Change [] Add
54. NAME: [] Change [] Add
55. NAME: [] Change [] Add
56. NAME: [] Change [] Add
57. NAME: [] Change [] Add
58. NAME: [] Change [] Add
59. NAME: [] Change [] Add
60. NAME: [] Change [] Add
61. NAME: [] Change [] Add
62. NAME: [] Change [] Add
63. NAME: [] Change [] Add
64. NAME: [] Change [] Add
65. NAME: [] Change [] Add
66. NAME: [] Change [] Add
67. NAME: [] Change [] Add
68. NAME: [] Change [] Add
69. NAME: [] Change [] Add
70. NAME: [] Change [] Add
71. NAME: [] Change [] Add
72. NAME: [] Change [] Add
73. NAME: [] Change [] Add
74. NAME: [] Change [] Add
75. NAME: [] Change [] Add
76. NAME: [] Change [] Add
77. NAME: [] Change [] Add
78. NAME: [] Change [] Add
79. NAME: [] Change [] Add
80. NAME: [] Change [] Add
81. NAME: [] Change [] Add
82. NAME: [] Change [] Add
83. NAME: [] Change [] Add
84. NAME: [] Change [] Add
85. NAME: [] Change [] Add
86. NAME: [] Change [] Add
87. NAME: [] Change [] Add
88. NAME: [] Change [] Add
89. NAME: [] Change [] Add
90. NAME: [] Change [] Add
91. NAME: [] Change [] Add
92. NAME: [] Change [] Add
93. NAME: [] Change [] Add
94. NAME: [] Change [] Add
95. NAME: [] Change [] Add
96. NAME: [] Change [] Add
97. NAME: [] Change [] Add
98. NAME: [] Change [] Add
99. NAME: [] Change [] Add
100. NAME: [] Change [] Add

14. I, the undersigned, I, the undersigned, hereby certify that the information supplied to the Florida Department of State and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information made about 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 authorized on behalf of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the F-12 of the corporation's annual report and is included on an attachment when available.

SIGNATURE: + *Richard Annillo* RICHARD ANNILLO 1/20/96 966-2678 (308)
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)