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 # **P30969** **(0)**

1. Corporation Name

ARLON, INC.

Principal Place of Business	Mailing Address
2251 LUCIEN WAY, SUITE 300 MAITLAND FL 32751	2251 LUCIEN WAY, SUITE 300 MAITLAND FL 32751

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

3. Date Incorporated or Qualified: **09/18/1990**	3a. Date of Last Report: **05/01/1995**
4. FEI Number: **33-0311000**	☐ 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	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 of new registered agent required when not listing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FICHTHORN, LUKE E., III		1.2 NAME	
STREET ADDRESS	514 HOLLOW TREE RIDGE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLOTT, MIKE		2.2 NAME	
STREET ADDRESS	11 SILKLEAF		2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING CA 92714		2.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEINHART, BARRY		3.2 NAME	
STREET ADDRESS	493 WINDING CREEK PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, J. ROBERT		4.2 NAME	
STREET ADDRESS	743 BEAR CREEK CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, DREW M		5.2 NAME	
STREET ADDRESS	1818 WINDSOR OAK DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARINI, ROBERT		6.2 NAME	
STREET ADDRESS	7 WITHERS WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	KOCKESSIN DE 19707		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: [signature] 2/12/96 407 875 2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ASST. TREASURER