

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 # **P94000032364 (9)**

1. Corporation Name
ARLA ASSOCIATES, INC.



Principal Place of Business: **11848 FOUNTAINSIDE CIRCLE BOYNTON BEACH FL 33438**
Mailing Address: **11848 FOUNTAINSIDE CIRCLE BOYNTON BEACH FL 33438**

3. Date Incorporated or Qualified: **04/28/1994** 3a. Date of Last Report: **04/25/1995**

21	2. Principal Place of Business 1571 W COMSTOCK	2a. Mailing Address SAME	4. FEI Number 65-0491984	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc. 101	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State Pompano Beach FL	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 33064	28	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Country USA	29			
	Zip 33064	30			
	Country USA				

9. Name and Address of Current Registered Agent WOLFSON, WILLIAM 11848 FOUNTAINSIDE CIRCLE BOYNTON BEACH FL 33438		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOELL, MITCHEL	1.2 NAME	WDELL, Michele
STREET ADDRESS	69 MURRAY ST.	1.3 STREET ADDRESS	Same
CITY- ST- ZIP	NEW YORK NY 10007	1.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUSKOFF, AMY VOELL WDELL	2.2 NAME	
STREET ADDRESS	17 E. 84TH ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10028	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, ANN	3.2 NAME	
STREET ADDRESS	40 E. 76TH ST. APT. 4	3.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10021	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, JANE	4.2 NAME	
STREET ADDRESS	100 POST OFFICE ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	WACCABOC NY 10597	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, NANCY	5.2 NAME	
STREET ADDRESS	100 POST OFFICE ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	WACCABOC NY 10597	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 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)(k), 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 or in an attachment with an address.

SIGNATURE: *Frederic A. Tolano* **Frederic A. Tolano, Conductor 1996** 3015 968-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)