

**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 # **S88505** (0)

1. Corporation Name  
**AURORA INTERNATIONAL, INC.**



Principal Place of Business: **668 S MILITARY TRAIL DEERFIELD BEACH FL 33442**  
Mailing Address: **668 S MILITARY TRAIL DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified: **10/14/1991**  
3a. Date of Last Report: **08/07/1995**  
4. FEI Number: **65-0272072**  
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

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

9. Name and Address of Current Registered Agent  
**CARLSON, CURTIS  
2770 FIRST UNION FINANCIAL CTR  
200 S BISCAYNE BLVD  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WINSLOW, E FRANK</b>
STREET ADDRESS	<b>18 CRANBERRY LN</b>
CITY-ST-ZIP	<b>DEDHAM MA</b>
TITLE	<b>CPD</b> <input type="checkbox"/> DELETE
NAME	<b>PEARLE, JOSEPH E</b>
STREET ADDRESS	<b>103 BRIARWOOD DR</b>
CITY-ST-ZIP	<b>HANOVER MA</b>
TITLE	<b>TSD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>REID, JAMES</b>
STREET ADDRESS	<b>668 S MILITARY TRAIL</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SCANLON, RAYMOND D</b>
STREET ADDRESS	<b>910 WHARTON CIRCLE</b>
CITY-ST-ZIP	<b>LOWER GWYNEDD PA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>VINCENT J. MILITA</b>
1.3 STREET ADDRESS	<b>1291 RT. 50</b>
1.4 CITY-ST-ZIP	<b>TUCKAHOE NJ 08250</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PEARCE, JOSEPH</b> (spelling only)
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>EDWARD F. MCVINNEY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S</b>
3.3 STREET ADDRESS	<b>110 BRIARWOOD DR</b>
3.4 CITY-ST-ZIP	<b>HANOVER MA 02339</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JOHN DALTON</b>
4.3 STREET ADDRESS	<b>100 EDWARD FOSTER RD.</b>
4.4 CITY-ST-ZIP	<b>SCITUATE MA 02066</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE: *Edward F. McVinney*  
EDWARD F. MCVINNEY, SECRETARY

3-11-96 (305) 425-0661

CR2E034 (12/95)