SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000072292 (3)**

1. Corporation Name
ALIDAN CORPORATION

Principal Place of Business	Mailing Address
2871 OAK AVE. COCONUT GROVE FL 33133	2871 OAK AVE. COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0530848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Certified Copy (additional copy is enclosed) ☐ **$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

KLEIN, DONALD M
% KLINE MOORE & KLEIN, P.A.
2665 SOUTH BAYSHORE DR., STE. 903
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: Bruce Turkel
82 Street Address (P.O. Box Number is Not Acceptable): 2871 Oak Avenue
83
84 City: Coconut Grove, FL 85 Zip Code: 33133

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] Bruce Turkel, President 7/31/95
(Signature, type or printed name of registered agent and title if applicable) (Print Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. Add/Change/Delete Officers/Directors		
TITLE	D	11 TITLE	P/D	☒ Change ☐ Addition
NAME	TURKEL, BRUCE	12 NAME	Bruce Turkel	
STREET ADDRESS	2871 OAK AVE.	13 STREET ADDRESS	2871 Oak Avenue	
CITY ST ZIP	COCONUT GROVE FL 33133	14 CITY ST ZIP	~~Coconut Grove, Fl 33133~~	
TITLE	D	21 TITLE	S/D	☒ Change ☐ Addition
NAME	TURKEL, GLORIA	22 NAME	Gloria Turkel	
STREET ADDRESS	2871 OAK AVE.	23 STREET ADDRESS	2871 Oak Avenue	
CITY ST ZIP	COCONUT GROVE FL 33133	24 CITY ST ZIP	Coconut Grove, Fl 33133	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I/We 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] Bruce Turkel, Pres 7/31/95 (305) 445-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030276 CP