

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

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95 APR 25 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000032364 (9)**

1. Corporation Name  
**ARLA ASSOCIATES, INC.**

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

DO NOT WRITE IN THIS SPACE.

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

4. FEI Number      Applied For  
**65-0491984**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional  
Fee Required

6. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution      Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes      Yes  No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      25. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      29. Country      30. Country

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: *William Wolfson*      DATE: *1/25/95*

12. OFFICERS AND DIRECTORS      13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<i>DIRECTOR</i>
NAME	<i>MITCHELL UDELL</i>
STREET ADDRESS	<i>69 MURRAY ST.</i>
CITY - ST - ZIP	<i>NEW YORK NY 10007</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>AMY UDELL-MAJUSKOPF</i>
STREET ADDRESS	<i>17 EAST 84TH STREET</i>
CITY - ST - ZIP	<i>NEW YORK NY 10028</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>ANN LEBOWITZ</i>
STREET ADDRESS	<i>42 EAST 76TH STREET - APT. 4</i>
CITY - ST - ZIP	<i>NEW YORK NY 10021</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>SARAH LEBOWITZ</i>
STREET ADDRESS	<i>100 POST OFFICE ROAD</i>
CITY - ST - ZIP	<i>WALLAUGO, NY 10597</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>NANCY LEBOWITZ</i>
STREET ADDRESS	<i>100 POST OFFICE ROAD</i>
CITY - ST - ZIP	<i>WALLAUGO, NY 10597</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	<i>DEPOSITED BY BANK RW</i>
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 111.07(3)(b), 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: *Mitchell Udell*      *Mitchell Udell*      DATE: *1/25/95*