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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

310777

(8)

ı	ALID DEM	INN/EQTRICALT	CORPORATION
ı	ALIK-PEN	INVESTMENT	CONFORKTION

Principal Place of Business	Mailing Address
256 OCEAN WAY VERO BEACH FL 32963	256 OCEAN WAY VERO BEACH FL 32963

<u> </u>

Principal Place of	ipal Place of Business Mailing Address								
256 OCEAN V			256 OCEAN WAY VERO BEACH FL 32963						
VERO BEACH	PL 32903	12110 02111111			3. Date Incorporated or Qualified	3a. Date of	Last Rep	ort	
				11/07/1966	10/05/1995				
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		<u> </u>	oplied For	
2. Frincipai risci	5 Of Eddings	26			59-1206337			ot Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
2	27				2 Francisco Financino				
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
13		28	Coun	lo:	This corporation has liability for its second	ntangible tax u			
Zıp	Country	Zip	30	Пу	Florida Statutes 🔀 Yes	□] No			
24	9. Name and Address of Curre	29 Agent	130		10. Name and Address of New R	egistered Ag	ent		
	9. Name and Address of Curren	il negistered Agent		B1 Name					
	A		ļ		ress (P.O. Box Number is Not Acceptat	ile)			
	CH, KURT L			82 Street Addr	ress (r.O. Dox Mumber is Not Acceptar				
	EAN WAY		ŀ	83					
VERO E	EACH FL 32963						85 Zip	Code	
			1	B4 City	ration submits this statement for the pu and of directors. I hereby accept the app	FL			
	d agent, or both, in the State or roll n, and accept the obligations of, Sec ogsetue, bysed or printed name of responsed age			A _{gion} e signature require	of whor revisiblings	DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		OIRECTO	RS IN 12	
TITLE	Р	DELETE	1 1 T	TLE .		الــا	Grange	L] Addition	
NAME	WALLACH, KURT L		1.2 NA						
STREET ADDRESS	256 OCEAN WAY			REET ADDRESS					
CITY - ST - ZIP	VERO BEACH FL 32963			TY - ST - ZIP			Change	Addit on	
TITLE	ST	☐ DELETE	2 1 1					_	
NAME	Wallach, Marilyn G		2 2 N						
STREET ADDRESS	256 OCEAN WAY			REET ADDRESS					
C(TY - ST - ZIF	VERO BEACH FL 32963	DELETE	3 1 1	TY - ST - ZIP			Change	Addition	
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NAME				TREET ADDRESS					
STREET ADDRESS				ITY-SI-ZIF					
CITY-ST-ZIP		☐ DELETE	4 1 1] Change	Addition Addition	
TITLE .			421						
NAME				TREET ADDRESS					
STREET ADDRESS				ofy-ST-ZiP					
CITY-S1-ZIP		DELETE		III.E] Change	Addition	
TITLE		_	521	AME.					
NAME OXDEST ADDRESS			535	STREET ADDRESS					
STREET ADDRESS			540	DITY-ST-ZIP			7 (610	☐ Additio	
CITY-ST-ZIP TITLE		DELETE	6 1	TITLE		L] Change	Additio	
NAME			6.2	NAMÉ					
STREET ADDRESS			6.3	STREET ACCRESS					
21HEE1 MUNUE22			6.4	CITY - ST - ZIP	for stated in Section 1				
City-S1-ZiP									

14. I do hereby certify that the information supplied with this filing is vokuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)f(x). 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 address

SIGNATURE: Maria AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96 407-527-850)