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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 06 1996 8:00 am  
Secretary of State

DOCUMENT # 381965 (3)

1. Corporation Name  
AL-LEN ASSOCIATES, INC.

Principal Place of Business

8624 STATE ROAD 84  
P.O. BOX 15542  
PLANTATION FL 33318  
US

Mailing Address

8624 STATE ROAD 84  
P.O. BOX 15542  
PLANTATION FL 33318  
US

2. Principal Place of Business

2a. Mailing Address

21 8616 STATE ROAD 84

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 DAVIE, FLORIDA

28 Zip

24 33324

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WEISS, LEONARD E  
7036 GOLF POINTE CIRCLE  
TAMARAC FL 33321

3. Date Incorporated or Qualified  
05/12/1971

3a. Date of Last Report  
02/01/1995

4. FET Number  
59-1349619

Applied For  
Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WEISS, LEONARD  
STREET ADDRESS 7036 GOLF POINTE CIRCLE  
CITY-ST-ZIP TAMARAC FL

TITLE ☐ DELETE

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 if changed, or on an attachment with an address.

SIGNATURE: Leonard E Weiss PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LEONARD E WEISS

2/1/96 954/476-8700  
Date Daytime Phone #

CR2E034 (12/95)