

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **437687** (7)

1. Corporation Name
AARCO, INC



Principal Place of Business: **210 NE 151 ST MIAMI FL 33162**
Mailing Address: **210 NE 151 ST MIAMI FL 33162**

2. Principal Place of Business: 21
Suite, Apt. #, etc. 26
City & State 27
Zip Country 28
Zip Country 29 30

3. Date Incorporated or Qualified: **10/08/1973**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-1490602** 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

9. Name and Address of Current Registered Agent
**WEINTRAUB (ALBERT L)
13TH FLOOR, DADE FEDERAL BLDG
MIAMI FL**

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: _____ (NOTE: If officer or director signature required when re-issuing) _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | P [] DELETE |
| NAME | MULCAHEY, MICHAEL PAUL |
| STREET ADDRESS | 210 N.E. 151ST STREET |
| CITY- ST- ZIP | MIAMI FL |
| TITLE | V [] DELETE |
| NAME | MULCAHEY, HELEN B. |
| STREET ADDRESS | 210 N.E. 151ST STREET |
| CITY- ST- ZIP | MIAMI FL |
| TITLE | D [] DELETE |
| NAME | NAU, LINDA |
| STREET ADDRESS | 6201 SW 37TH COURT |
| CITY- ST- ZIP | DAVE FL |
| TITLE | D [] DELETE |
| NAME | WEINTRAUB, ALBERT L. |
| STREET ADDRESS | 3821 CAROLE COURT |
| CITY- ST- ZIP | MIAMI FL |
| TITLE | [] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | [] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------|
| 1.1 TITLE | [] Change [] Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP | [] Change [] Addition |
| 2.1 TITLE | [] Change [] Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | [] Change [] Addition |
| 3.1 TITLE | [] Change [] Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | [] Change [] Addition |
| 4.1 TITLE | [] Change [] Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | [] Change [] Addition |
| 5.1 TITLE | [] Change [] Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | [] Change [] Addition |
| 6.1 TITLE | [] Change [] Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY- ST- ZIP | [] Change [] Addition |

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)(c), 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: *Michael P. Mulcahey* 3-7-96 305-947-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)