

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **514097** (5)  
1. Corporation Name  
**ALOFUS, INC.**



Principal Place of Business: **1500 SAM NUNN BLVD  
PO BOX 1012  
PERRY GA 31069**  
Mailing Address: **1500 SAM NUNN BLVD  
PO BOX 1012  
PERRY GA 31069**

3. Date Incorporated or Qualified: **10/13/1976**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **58-1317906**  
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

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

9. Name and Address of Current Registered Agent  
**GELB, MONROE, ESQ.  
3400 S.W. THIRD AVENUE  
MIAMI FL 33145**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLEZAK, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>1500 SAM NUNN BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY GA</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLEZAK, IRENE C.</b>	2.2 NAME	
STREET ADDRESS	<b>1500 SAM NUNN BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY GA</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLEZAK, IRENE C.</b>	3.2 NAME	
STREET ADDRESS	<b>1500 SAM NUNN BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY GA</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLEZAK, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>1500 SAM NUNN BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY GA</b>	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, CHARLES</b>	5.2 NAME	
STREET ADDRESS	<b>112 OAK LAKE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PERRY GA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles J Evans* **Charles J Evans** **25 Jun 96** **912-987-1345**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone/Facsimile #

CR2E034 (3/96)