FILE NOW: FILING FEE AFTER MAY 1 IS $2[redacted].00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT [redacted] STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPOR[redacted]ONS

DOCUMENT # **579680** **(0)**

1. Corporation Name

ALADDIN, INC.

Principal Place of Business	Mailing Address
4060 NE SUGARHILL AVE. JENSEN BEACH FL 34957 US	4060 NE SUGARHILL AVE. JENSEN BEACH FL 34957 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **07/20/1978**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-1853211** ☐ 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

CRARY, LARRY E. III
555 COLORADO AVENUE
STUART, FL 33494

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 [redacted] (If a New Registered Agent is being appointed, this signature must be that of the new agent.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARROLD, DON C.		1.2 NAME		
STREET ADDRESS	4060 NE SUGARHILL AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARROLD, DON C., JR.		2.2 NAME		
STREET ADDRESS	COUNTRY CLUB RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLARKSBURG WV		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, ROBERT G.		3.2 NAME		
STREET ADDRESS	1720 N.W. RIVER TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARROLD, JEAN		4.2 NAME		
STREET ADDRESS	4060 NE SUGARHILL AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by attachment with an address.

SIGNATURE: [signature] **VP Don C. Harrold, Jr.** **1/22/96** **(304) 624-5461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #