

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Murnam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 619315 (5)

1. Corporation Name

AELF DNAS, INC.

Principal Place of Business

**2980 N BEACH RD UN C-2-1
ENGLEWOOD FL 34223**

Mailing Address

**2980 N BEACH RD UN C-2-1
ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1979

3a. Date of Last Report

03/17/1994

4. FEI Number

59-2380196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALINERO, ANTONIO A
2980 N BEACH RD UN C-2-1
ENGLEWOOD FL 34223**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SALINERO, BARBARA J
STREET ADDRESS	90 RED CLOUD
CITY - ST - ZIP	FT RUCKER AL
TITLE	PD
NAME	SALINERO, ANTONIO A
STREET ADDRESS	2980 N BEACH RD UN C-2-1
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	FLOWERS, INA VON
STREET ADDRESS	5008 OAKLAWN LANE
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	D
NAME	SALINERO, ARTHUR B
STREET ADDRESS	90 RED CLOUD
CITY - ST - ZIP	FT RUCKER AL
TITLE	D
NAME	SALINERO, MARIE B
STREET ADDRESS	2980 N. BEACH RD.
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	FLOWERS, ARMAND H
STREET ADDRESS	5008 OAKLAWN LANE
CITY - ST - ZIP	ST PETERSBURG, FL 00000

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO A. SALINERO

P/O

3/30/95

Charlene P. Reed