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

PROFIT CORPORATION ANNUAL REPORT



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

1996	
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(0)

DOCUME:NT #
1. Corporation Name ALADDIN REAL ESTATE OF MERRITT ISLAND, INCORPORA TED

Principal Place of Business Mailing Address



1365 NO COURTENAY PKWY STE C MERRITT ISLAND FL 32953-4484 US				1365 NO COURTENAY PKWY STE C MERRITT ISLAND FL 32953-4484 US								
				03				3. Date Incorporated or Q 04/23/1980	ualified	3a. Date o	Last R	_'_
	ncipal Place of Business							4. FEI Number			<del>- 1 - 1</del>	Applied For
21		26				59-1995251				Not Applicable		
Sulte, Apt. #, etc. 22 27				Suite, Apt. #, etc.			5. Certificate of Status Des	sired		•	Additional Required	
City & State		City & State			6. Election Campaign Fina	ncing		\$5.0	0 May Be			
23		28				Trust Fund Contribution	_			d to Fees		
Zφ	ļ	Country	ļ,	Zip Country				8. This corporation has liat	oility for in	tangible tax	under s	199.032,
24	[25]		29		30				Yes			
	9. Name and	Address of Curren	t Regist	ered Agent		81		10. Name and Address o	New Re	gistered Ag	ent	
BODIN	0// 04001 1	IP 4 A I				81	Name					
	SKI, CAROL J					82	Street Ac	Idress (P.O. Box Number is Not A	cceptable	e)		
1		AY PKWY STE C			i						· · · · · · · · · · · · · · · · · · ·	
MERRI	IT ISLAND FL	. 32953				83						
						84	*,		<del></del>	FL		Code Code
U TOGISTOLO	a agont, or both	of Sections 607,0502 n, in the State of Florid e obligations of, Section	ia. Sucii	unaride was aumonze	s, the abo d by the c	ve-n	named corp oration's bo	poration submits this statement for pard of directors. I hereby accept	the purp the appoi	ose of chang ntment as re	ing its r gistered	egistered office agent. I am
SIGNATURE												
12.	ng acte, typed or pin	OFFICERS AND			13.	Agen	t signature requ	ADDITIONS/CHANGES	TO OFFIC	DATE PEDO ANO D	DECTO	DC IN 10
TITLE	PTS			DELETE	1 1 TI	ILF	Т	ADDITIONS/OFFANGES	TO OFFIC		Change	Addition
NAME	BOBINSK	I, CAROL JEAN		_	1.2 NA					ب	orango	
STREET ADDRESS		<b>COURTENAY PKW</b>	ſΥ				ADDRESS					18
CITY-ST-ZIP		ISLAND, FL 00000			1.4 Cr							] {
TITLE		, , , , , , , , , , , , , , , , , , , ,		☐ DELE IE	2.170		1- tx	<del></del>			Change	Addition (
NAME				_	2.2 NA						onungo	
STHEET ADDRESS							ADDRESS					
CITY-ST-ZIP					2.4 01		1					
THILE				DELETE	3. 1 70						Change	[ Addition
NAME					3.2 NA	ME				ليسها		
STREET ADDRESS							ADDRESS					
C(TY+ST+ZIP					3.4 CII							
TOLE				☐ DELETE	4.11)						Change	Addition
NAME					4.2 NA	ME				_		
STREET ADDRESS					4.3 ST	AEET.	ADDRESS					
CITY - ST - ZIP					4.4 CIT							
TITLE				DELETE	5. 1 Ti						Change	Addition
NAME					5.2 NA	ME				_	•	
STREET ADDRESS					5351	REE [ 1	ADDRESS					
CITY-ST-ZIP					5.4 CIT							
THLE				DELETE	6 1 717					[7	Change	Addition
NAME				_	6.2 NA	ME						
STREET ADDRESS							ADDRESS					
C(IY - ST - ZIP					6 4 CIT	Y - ST	1-ZIP					
14. I do hereby	certify that the i	nformation supplied w	ith this f	Ing is voluntarily furnis	hed and c	loes	not qualify	for the exemption stated in Secti	on 119.0	7(3)(k), Florid	Statute	es. 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 of an abachment with an address.

SIGNATURE:

JEAN BOBINSKI

4/17/96\_\_

407-452-1910