

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F35665** (1)

1. Corporation Name
ALI-ROB, INC.



Principal Place of Business: **129 CARMALITA ST. PUNTA GORDA FL 33950**
Mailing Address: **129 CARMALITA ST. PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified: **05/21/1981**
3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: **59-2107861**
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

10. Name and Address of New Registered Agent

**BARLEY, MICHAEL J.
409 POMPANO TERR.
PUNTA GORDA FL 33950**

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: *Michael J. Barley* President **4/18/96**
Signature, typed or printed name of registered agent and title if applicable. (NOT required when restating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARLEY, MICHAEL J.	
STREET ADDRESS	409 POMPANO TERR.	
CITY - ST - ZIP	PUNTA GORDA, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARLEY, ALICE L	
STREET ADDRESS	24276 BUCCANEER BLVD	
CITY - ST - ZIP	PUNTA GORDA, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BARLEY, CHRISS	
STREET ADDRESS	18131 REGAN AVE.	
CITY - ST - ZIP	PT. CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD BARLEY-NOVAK, ALICE
2.3 STREET ADDRESS	3601 PSH STREET
2.4 CITY - ST - ZIP	PUNTA GORDA, FL 33950
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD BARLEY, GEORGIA C (CHRISS)
3.3 STREET ADDRESS	17425 WACO AVENUE
3.4 CITY - ST - ZIP	PORT CHARLOTTE, FL 33948
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 on an attachment with an address.

SIGNATURE: *Georgia Barley* Secretary/Treasurer **4/18/96** 941-639-5245
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)