

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 # F95000001147 (6)

1. Corporation Name
MLE COMPANY



Principal Place of Business

4129 34TH ST.
ORLANDO FL 32811

Mailing Address

4129 34TH ST.
ORLANDO FL 32811

3. Date Incorporated or Qualified
03/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

22-3149861

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

GILES, GAYLE
4129 34TH ST.
ORLANDO FL 32811

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME NAIR, BALDEN
STREET ADDRESS 4129 34TH ST.
CITY-STATE-ZIP ORLANDO FL 32811 ☐ DELETE

TITLE S
NAME SORIN, DAVID
STREET ADDRESS 500 COLLEGE RD., E.
CITY-STATE-ZIP PRINCETON NJ 08540 ☒ DELETE

TITLE S
NAME GILBERT, ANDREW
STREET ADDRESS 500 COLLEGE RD., E.
CITY-STATE-ZIP PRINCETON NJ 08540 ☒ DELETE

TITLE T
NAME GILES, GAYLE
STREET ADDRESS 4129 34TH ST.
CITY-STATE-ZIP ORLANDO FL 32811 ☐ DELETE

TITLE DC
NAME DONES, OSCAR R
STREET ADDRESS 4129 34TH ST.
CITY-STATE-ZIP ORLANDO FL 32811 ☐ DELETE

TITLE D
NAME BECK, RAY
STREET ADDRESS SPENCERTOWN RD.
CITY-STATE-ZIP CHATHAM NY 12037 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME NAIR, BALDEV
1.3 STREET ADDRESS 4129 34TH ST.
1.4 CITY-STATE-ZIP ORLANDO, FL 32811 ☒ Change ☐ Addition

2.1 TITLE DIRECTOR
2.2 NAME HACKETT, ROBERT
2.3 STREET ADDRESS 4129 SW 34TH ST.
2.4 CITY-STATE-ZIP ORLANDO, FL 32811 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 300001814303
4.4 CITY-STATE-ZIP -05/09/96--01010--034 ☐ Change ☐ Addition

5.1 TITLE ***200.00
5.2 NAME
5.3 STREET ADDRESS ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-STATE-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 only in attachment with an address.

SIGNATURE:

GAYLE GILES 4/29/96 407 843-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)