

**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 # **G50891** (2)

1. Corporation Name  
**AHL & ASSOCIATES, INC.**



Principal Place of Business: **5521 NW 77TH CT. POMPANO BCH. FL 33073 US**  
Mailing Address: **6230 NW 4TH AVE BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **07/22/1983** 3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **59-2309892** 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

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

9. Name and Address of Current Registered Agent

**AHL, RICHARD D  
6230 NW 4TH AVE  
BOCA RATON FL 33487**

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 officer 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 OF REGISTERED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE OF REGISTERING OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | PD<br><b>AHL, RICHARD D.<br/>6230 N.W. 4TH AVE.<br/>BOCA RATON FL<br/>ST</b> | <input type="checkbox"/> DELETE |
| NAME           | <b>AHL, DORIS E.<br/>6230 N.W. 4TH AVE.<br/>BOCA RATON FL</b>                | <input type="checkbox"/> DELETE |
| STREET ADDRESS |  | <input type="checkbox"/> DELETE |
| CITY, ST, ZIP  |  | <input type="checkbox"/> DELETE |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  | <input type="checkbox"/> DELETE |
| STREET ADDRESS |  | <input type="checkbox"/> DELETE |
| CITY, ST, ZIP  |  | <input type="checkbox"/> DELETE |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  | <input type="checkbox"/> DELETE |
| STREET ADDRESS |  | <input type="checkbox"/> DELETE |
| CITY, ST, ZIP  |  | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY, ST, ZIP  |   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY, ST, ZIP  |   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |   |
| 33. STREET ADDRESS |   |
| 34. CITY, ST, ZIP  |   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |   |
| 43. STREET ADDRESS |   |
| 44. CITY, ST, ZIP  |   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |   |
| 53. STREET ADDRESS |   |
| 54. CITY, ST, ZIP  |   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |   |
| 63. STREET ADDRESS |   |
| 64. 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 applicable) or an attachment with an address.

SIGNATURE: *Richard AHL pres Jan 24, 1996*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RICHARD AHL**

CR2E034 (12/95)