## 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

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DO	C	Cl	ال	V	E	١	IT.	#

SIGNATURE

G86480

(2)

1. Corporation ALRIC,		<b>\</b>			
Principal Place	of Business	Mailing Address		CONTRACT CONTRACTOR OLIVER CONTRACTOR	air eant eiste ainte debet ainte aithig bible inst
545-1 DELANEY AVENUE ORLANDO FL 32801		545-1 DELANEY AV ORLANDO FL 3280			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		<b>02/27/1984 4.</b> FEI Number	01/27/1995 Applied For
21		26		59-2401038	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22) City & State		City & State			Fee Hequired
23		28		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Country	Zıp	Country	8. This corporation has liability for	··
24	25 9. Name and Address of Cur	29	30		3 □No
	9, Name and Address of Cur	rent negistereo Agent	81 Name	10. Name and Address of New	Registered Agent
MORGA	N, RICHARD J				
	IE LANDINGS DRIVE		82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
	O FL 32812		83		
			84 City		85 Zip Code
	10000		"		
or registere	o the provisions of Sections 607.05 id agent, or both, in the State of FI	302 and 607.1508, Florida Stat Iorida. Such change was autho	utes, the above-named corpor rized by the corporation's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
TO THIS PAIG	i, and accept the obligations of, Si	ection 607.0505, Florida Statut	es	2	
SIGNATURE :	light at the lighted or printed name of registerest ap	ger Land title if applicable	NOTE Registered Agent signature required	I when reinstating)	DATE
12.	OFFICERS A	AND DIRECTORS	13.		ICERS AND DIRECTORS IN 12
TILF	P	☐ DELFTE	1. 1 TITLE		Change Addition
NAME:	MORGAN, RICHARD J.	. e=	1.2 NAME		
STREET ADDRESS CITY - ST - ZIP	6633 THE LANDINGS DRI' ORLANDO FL 32812	VE	1.3 STREET ADDRESS		
TIFLE	ONLANDO I L SEGIZ	☐ DELETE	1.4 CITY - ST - ZIP 2 1 TIFLE		Change Addition
NAME			2 2 NAME		Cirange   Modition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - \$1 - ZIP			2 4 CITY - ST - ZIP		
THUE		DELETE	3 1 TITLE	-	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
COY ST-ZIP		☐ DELETE	34 CHY-ST-ZIP		
NAM:			4.1 INLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITA- 21-216			4.4 CITY-ST-ZIP		
TIFLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
SUPER LADIDRESS			5 3 STREET ADDRESS		
CHY ST-ZIP		ET DOLETE	5 4 CITY - ST - ZIP		
TITLE NUMBER		DELETE	6 1 TITLE		Change
NAME STREET ACORESS			6 2 NAME		
CHTY-ST-ZM			6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		
14. I do hereby	certify that the information supplie	nd with this filing is voluntarily fu	mished and does not quality to	r the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
oath; that L	ne urumauon makarea on mis ar	nnual report or supplemental ar moration or the receiver or true	Inual report is true and accurat	e and that my signature shall have the report as required by Chapter 607, Fi	mana lagal afficience it consists and a