

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 # J75105 (3)

1. Corporation Name
ALLIED SYSTEMS, INC.



Principal Place of Business: **85932 OVERSEAS HWY
P O BOX 1157
ISLAMORADA FL 33036**

Mailing Address: **85932 OVERSEAS HWY
P O BOX 1157
ISLAMORADA FL 33036**

3. Date Incorporated or Qualified: **05/27/1987** 3a. Date of Last Report: **04/20/1995**

4. FEI Number: **65-0108612** 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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**WRIGHT, KENNETH R
85932 OVERSEAS HWY
ISLAMORADA 33036**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** NAME: **WRIGHT, KEN** STREET ADDRESS: **82685 OVERSEAS HWY ISLAMORADA FL** CITY-ST-ZIP: **FL 33036** ☐ DELETE

TITLE: **VPD** NAME: **SKASKO, NANCY** STREET ADDRESS: **87200 OVERSEAS HWY P-1 ISLAMORADA FL** CITY-ST-ZIP: **FL 33036** ☒ DELETE

TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **P/m** 1.2 NAME: **WRIGHT, KENNETH R.** 1.3 STREET ADDRESS: **85932 OVERSEAS HWY, #2 ISLAMORADA, FL 33036** 1.4 CITY-ST-ZIP: **FL 33036** ☒ Change ☐ Addition

2.1 TITLE: **V/D** 2.2 NAME: **LORALEE OCKERLUND** 2.3 STREET ADDRESS: **87465 OLD HWY, #104 ISLAMORADA, FL 33036** 2.4 CITY-ST-ZIP: **FL 33036** ☐ Change ☒ Addition

3.1 TITLE: **V/D** 3.2 NAME: **MARK HRUSKA** 3.3 STREET ADDRESS: **21 SOUTH EAST 5TH ST. BOCA RATON, FL 33432** 3.4 CITY-ST-ZIP: **FL 33432** ☐ Change ☒ Addition

4.1 TITLE: **V/D** 4.2 NAME: **GLORIA J. TEAGUE** 4.3 STREET ADDRESS: **106003 OVERSEAS HWY KEY LARGO, FL 33037** 4.4 CITY-ST-ZIP: **FL 33037** ☐ Change ☒ Addition

5.1 TITLE: **T/D** 5.2 NAME: **MALCOLM LOCKWOOD** 5.3 STREET ADDRESS: **85932 OVERSEAS HWY, #5 ISLAMORADA, FL 33036** 5.4 CITY-ST-ZIP: **FL 33036** ☐ Change ☒ Addition

6.1 TITLE: **S/D** 6.2 NAME: **PAUL MACDONALD** 6.3 STREET ADDRESS: **87465 OLD HWY #254 ISLAMORADA, FL 33036** 6.4 CITY-ST-ZIP: **FL 33036** ☐ Change ☒ Addition

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 given in attachment with an address.

SIGNATURE: *Kenneth R. Wright* **KENNETH R. WRIGHT (P/m)** **APR 26/96** **305-664-8717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)