FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort[illegible]
Secretary of Sta[illegible]
DIVISION OF CORPOR[illegible]ONS

DOCUMENT # **K60683**

(5)

1. Corporation Name

ARMALAVAGE & ASSOICATES, INC.

Principal Place of Business	Mailing Address
C/O RICHARD L. ARMALAVAGE 2375 TAMIAMI TRAIL NORTH SUITE 210 NAPLES FL 33940	C/O RICHARD L. ARMALAVAGE 2375 TAMIAMI TRAIL NORTH SU[illegible]E 210 NAPLES FL 33940

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / C[illegible]ntry 30

3. Date Incorporated or Qualified: **01/18/1989**	3a. Date of Last Report: **03/06/1995**
4. FEI Number: **65-0092744**	☐ 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

ARMALAVAGE, RICHARD L.
2375 TAMIAMI TRAIL NORTH SUITE 210
NAPLES FL 33940

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 a[illegible] or registered agent, or both, in the State of Florida. Such change was authorized by th[illegible] familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

ve-named corporation submits this statement for the purpose of changing its registered office orporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe[illegible]

Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	**PSD** **ARMALAVAGE, RICHARD L.** **2375 TAMIAMI TRAIL NORTH** **NAPLES FL**	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TLE ME REET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition
2	TLE ME REET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition
3	TLE ME REET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition
4	TLE ME REET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition
5	TLE ME REET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition
6	TLE ME REET ADDRESS Y-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished a[illegible] certify that the information indicated on this annual report or supplemental annual rep[illegible] oath; that I am an officer or director of the corporation or the receiver or trustee emp[illegible] appears in Block 12 or Block 13 if changes or additions are made in connection with an address

oes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further true and accurate and that my signature shall have the same legal effect as if made under d to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D[illegible]R

4/17/96
Date

941-649-4646
Daytime Phone #

CR2E034 (12/95)