

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # K99196

(3)

95 JUN 30 AM 9:56

1. Corporation Name

ALLEATICO, INC.

Principal Place of Business

**777 EAST ATLANTIC AVENUE
SUITE L
DELRAY BEACH FL 33483**

Mailing Address

**777 EAST ATLANTIC AVENUE
SUITE L
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1989

3a. Date of Last Report

08/09/1994

4. FEI Number

65-0248923

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**

7. This corporation has liability for shareholders under S. 119.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKWOOD, THOMAS B. CPA
3048 S CONGRESS AVE
LAKE WORTH FL 33461**

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 607.0506, Florida Statutes.

SIGNATURE

(Signature must be printed name of registered agent and the filer.)

(Signature must be printed name of registered agent and the filer.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**
NAME **ABIZAD, MARC**
STREET ADDRESS **1501 CRYSTAL DR #1125**
CITY, ST, ZIP **ARLINGTON VA 22202**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **VP**
NAME **ABIZAD, ROBERT**
STREET ADDRESS **1501 CRYSTAL DR #1125**
CITY, ST, ZIP **ARLINGTON VA 22202**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this principal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name were both 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

(Signature) **6/24/95** **(23/95) 901**