## 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 #

(0)

ARAS INTERNATIONAL, INC.

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Principal Place	of Business	Malling	Address				4 (BELLEN: St. A120: 1811, 1816) .		21211 \$161	. 4.4.4 21211 (82)
	IN RODES BLVD NE FL 32904		s John Rodes i Bourne Fl 3290							
							3. Date Incorporated or Qualified 02/05/1990		of Last Re 11/13/19	
2. Principal Pla	ace of Business	2a. Maili	ing Address				4. FEI Number			pplied For
21		26					59-3005101			lot Applicable
Suite, Apt. 4	#, etc.	<b>├</b>	e, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
22 Cau & State		27 City	& State				6. Election Campaign Financing			May Be
Crty & State	<b>;</b>	28	& State				Trust Fund Contribution			I to Fees
Zip	Country	Zip		Cou	intry		8. This corporation has fability for	intangible ta	cunder s	199.032,
24	25	29		30				□ No		
	9. Name and Address of Curre	ent Registered	I Agent		ļ,		10. Name and Address of New F	egistered /	gent	
					B1	Name				
NOHR						Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	IALTO PL SUITE 800									
MELBO	Ourne FL 32901				83					
					84	City		FL	<b>85</b>   Zip	Code
SIGNATURE	th, and accept the obligations of, Se Signature, typod or printed name of registered ago OFFICERS A		ble (NGT	L. Registured	d Agen	it signature require	d when receiving: ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
TITLE	D		DELETE	1, 1 1	TITLE			Ē	] Change	Addition
NAME	GUDELIS, DRASUTIS			1.2 N	AME	,				
STREET ADDRESS	300 S JOHNS RODES BL	.VD		138	TREET	ADDRESS				
C(1Y - ST - Z(P	MELBOURNE FL			140	ITY S	T - ZIP				<u></u> .
TITLE	0		DELETE	2 1 1	TITLE				] Change	Addition
NAME	HUMMEL, CAROL A	_		2 2 N	AME					
STREET ADDRESS	300 S. JOHN RODES BL	/D.		2.3 S	TREET	ADURESS				
CITY - ST - ZIP	MELBOURNE FL		E DOLON		ITY S	I - 21P			7 Change	Addition
THLE	•		DELETE	3 1 3				L	T Oursinge	L Magnituri
NAME				32 N		I ADDRESS				
STREET ADDRESS						ST-ZIP				
CITY-ST-ZIP TITLE			DELETE	4 1 1		411			Change	Addition
NAME			<del></del>	42 N						
STREET ADDRESS				435	THEET	ADDRESS				
CITY - ST - ZIP				440	HY-S	ST - ZIP				
TITLE			DELETE	5.1	TITLE			Ε	] Change	☐ Addition
NAME				52 N	IAME					
STREET ADDRESS				539	STREET	ADDRESS				
CITY-ST-ZIP				_		S1 - 21P			7 (000000	[ ] Add to:
TITLE			☐ DELETE		THILE				] Change	Add tion
NAME.				631	IANE	1				

14. Ido 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 early, 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: \_

STREET ADDRESS

au. 15/1996 407-727-2265