

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 # P29879 (4)

1. Corporation Name

AES INCORPORATED

Principal Place of Business

4074 MOUNT ROYAL BLVD
SUITE 203
ALLISON PARK PA 15101

Mailing Address

4074 MOUNT ROYAL BLVD
SUITE 203
ALLISON PARK PA 15101



3. Date Incorporated or Qualified
06/22/1990

3a. Date of Last Report
06/20/1995

4. FEI Number

73-1323620

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

2a. Mailing Address

21 4068 MT ROYAL BLVD.
Suite, Apt. #, etc.

26 4068 MT. ROYAL BLVD
Suite, Apt. #, etc.

22 SUITE 210
City & State

27 SUITE 210
City & State

23 ALLISON PARK, PA
Zip

28 ALLISON PARK, PA
Zip

24 15101 Country USA

29 15101 Country USA

9. Name and Address of Current Registered Agent

BONNER, HOGAN, PEARSE & COLEMAN
613 S. MYRTLE
CLEARWATER FL 34617

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 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, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ DELETE

1. 1. TITLE ☒ Change ☐ Addition

NAME TORRENCE, DAVID

NAME TORRENCE, DAVID

STREET ADDRESS 1520 MAPLE AVE

STREET ADDRESS 4068 MT ROYAL BLVD #210

CITY-STATE-ZIP GLEN SHAW PA

CITY-STATE-ZIP ALLISON PARK PA 15101

2. 1. TITLE ☐ DELETE

2. 1. TITLE ☒ Change ☐ Addition

NAME CLARY, SCOTT

NAME CLARY, SCOTT

STREET ADDRESS 142 OVERBROOK RD

STREET ADDRESS 4068 MT. ROYAL BLVD #210

CITY-STATE-ZIP VALENCIA PA

CITY-STATE-ZIP ALLISON PARK PA 15101

3. 1. TITLE ☐ DELETE

3. 1. TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

4. 1. TITLE ☐ DELETE

4. 1. TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

5. 1. TITLE ☐ DELETE

5. 1. TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

6. 1. TITLE ☐ DELETE

6. 1. TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-96 412 486 0754

CR2E034 (12/95)