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FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P30969 (0)

1. Corporation Name:  
ARLON, INC.

Principal Place of Business

2251 LUCIEN WAY, SUITE 300  
MAITLAND FL 32751

Mailing Address

2251 LUCIEN WAY, SUITE 300  
MAITLAND FL 32751-7037



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/18/1990

3a. Date of Last Report

02/27/1996

4. FEI Number

33-0311000

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FICHTHORN, LUKE E., III  
STREET ADDRESS 514 HOLLOW TREE RIDGE RD  
CITY-ST-ZIP DARIEN CT

TITLE D ☐ DELETE

NAME WILLOTT, MIKE  
STREET ADDRESS 11 SILKLEAF  
CITY-ST-ZIP IRVING CA 92714

TITLE VS ☐ DELETE

NAME STEINHART, BARRY  
STREET ADDRESS 493 WINDING CREEK PLACE  
CITY-ST-ZIP LONGWOOD FL

TITLE VTD ☐ DELETE

NAME WILKINSON, J. ROBERT  
STREET ADDRESS 743 BEAR CREEK CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE AT ☐ DELETE

NAME ROGERS, DREW M  
STREET ADDRESS 1818 WINDSOR OAK DR.  
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ DELETE

NAME CARINI, ROBERT  
STREET ADDRESS 7 WITHERS WAY  
CITY-ST-ZIP KOCKESSIN DE 19707

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DREW M. ROGERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97  
Date

(407)875-2222  
Daytime Phone #

CR2E034 (9/96)