

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 # P92000005347 (9)

1. Corporation Name:

ALL ROUND KNIT, INC.



Principal Place of Business:

Mailing Address:

~~7685 WEST 2ND COURT
MIAMI FL 33014~~

~~7685 WEST 2ND COURT
MIAMI FL 33014~~

16333 NW 54TH Ave

2. Principal Place of Business:

2a. Mailing Address:

21 **16333 NW 54TH Ave**

26 **16333 NW 54TH Ave**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State: **Miami, FL**

28 City & State: **Miami FL**

24 Zip: **33014**

29 Zip: **33014**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/28/1992

3a. Date of Last Report
04/21/1995

4. FEI Number
65-0378505

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

10. Name and Address of New Registered Agent

**TURNER, TINA M
9485 SUNSET DRIVE
STE A-230
MIAMI FL 33173**

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, typed or printed name of registered agent and date of signature

(If filer is Registered Agent, signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	AARONSON, STEVE	
STREET ADDRESS	7685 W. 2ND COURT	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AARONSON, SUSAN	
STREET ADDRESS	7685 W. 2ND COURT	
CITY-ST-ZIP	MIAMI FL 33017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	AARONSON, Steve
13 STREET ADDRESS	1300 N. BAYSHORE DR.
14 CITY-ST-ZIP	N. Miami, FL 33131
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	AARONSON, SUSAN
23 STREET ADDRESS	1300 N. BAYSHORE DR.
24 CITY-ST-ZIP	N. Miami, FL 33131
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Aaronson

2/6/96

305-622-7313

Date Daytime Phone #

CR2E034 (12/95)