

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 # P92000011152 (5)

1. Corporation Name

AL ANDERSON INTERNATIONAL, INC.



Principal Place of Business

**4101 N. ANDREWS AVE., #307
FT. LAUDERDALE FL 33309**

Mailing Address

**4101 N. ANDREWS AVE., #307
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

21 **87 E. PROSPECT RD.**

Suite, Apt. #, etc.

22 **SUITE 2**

City & State

23 **FT. LAUDERDALE FL.**

Zip

24 **33334**

Country

25

2a. Mailing Address

26 **87 E. PROSPECT RD.**

Suite, Apt. #, etc.

27 **SUITE 2**

City & State

28 **FT. LAUDERDALE FL.**

Zip

29 **33334**

Country

30

3. Date Incorporated or Qualified
12/10/1992

3a. Date of Last Report
01/26/1995

4. FEI Number

65-0375469

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

10. Name and Address of New Registered Agent

BENNETT, CHARLES S

**4101 N. ANDREWS AVE., #307 87 E. PROSPECT RD.
FT. LAUDERDALE FL 33309 SUITE 2**

**FT. LAUDERDALE FL.
33334**

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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BENNETT, CHARLES S**
STREET ADDRESS **3051 S. OCEAN BLVD., #302**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **V** ☐ DELETE
NAME **HATHAWAY, EDWIN J**
STREET ADDRESS **2301 NE 49 ST,**
CITY-ST-ZIP **LIGHTHOUSE POINT FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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:

Charles S. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR. 29/96

Date

Daytime Phone #

CR2E034 (12/95)