

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 # P93000009066 (0)

1. Corporation Name

A.V.L. & ASSOCIATES, INC.



Principal Place of Business

20 N ORANGE AVE
1400
ORLANDO FL 32801
US

Mailing Address

PO BOX 1672
WINTER PARK FL 32780

3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

02/27/1995

4. FEI Number

59-3169905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGONE, ANTHONY V
4180 PARK AVE NORTH
WINTER PARK FL 32789

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

390 Waterfall Lane
Winter Park

83

84 City

FL

85 Zip Code

32789

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

Anthony V. Langone

2/6/96

(Signature of agent or printed name of registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP
D
LANGONE, ANTHONY V
4180 PARK AVE N 390 Waterfall Ln
WINTER PARK FL 32789

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

11 TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP
D
LANGONE
4180 PARK AVE N 390 Waterfall Ln.
WINTER PARK FL

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

11 TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

11 TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

11 TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

11 TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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 attachment with an address.

SIGNATURE:

Anthony V. Langone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 236-9703
Date Daytime Phone

CR2E034 (12/95)