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 # **P93000029745 (5)**

1. Corporation Name

R.J. AVILA ASSOCIATES, INC.

Principal Place of Business

5300 OCEAN BLVD.
PH-2
SARASOTA FL 34242

Mailing Address

P.O. BOX 367
WARREN RI 02885-0367

3. Date Incorporated or Qualified: 04/23/1993

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0421151 — 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 — 21 Street — 22 Suite, Apt. #, etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 Street — 27 Suite, Apt. #, etc. — 28 City & State — 29 Zip — 30 Country

9. Name and Address of Current Registered Agent

ICARD, MERRILL J
ATT: C. CASWELL.
2033 MAIN ST. STE. 600
SARASOTA FL 34237

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 617.0502, 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 the position as set forth in Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	AVILA, ROBERT J	
STREET ADDRESS	5300 OCEAN BLVD., PH-2	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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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 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I the undersigned, certify that the information indicated on this report is true and that this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Robert J. Avila — Robert J. AVILA Pres — 1-16-96 — 941-349-9415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone