

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 # **P93000040138 (8)**

1. Corporation Name

ARALCO FLORIDA INC.



Principal Place of Business

**26324 HONG KONG ROAD
PUNTA GORDA FL 33983**

Mailing Address

**891 BOOTHMAN AVENUE
BURLINGTON, ON. CAN L7T 1P3
ON**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

**KELLY, RALPH
3080 GREY HERON CIRCLE
VENICE FL 34293**

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

04/25/1995

4. FET Number

65-0422935

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

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Change of Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	☐ DELETE
2. NAME	KELLEHER, TERRENCE C	
3. STREET ADDRESS	891 BOOTHMAN AVE.	
4. CITY - ST - ZIP	BURLINGTON, ON. CAN L7T 1P3	
5. TITLE		☐ DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		☐ DELETE
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		☐ DELETE
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	☐ Change ☐ Addition

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:

Terrence C. Kelleher PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-905-6328205
Corporate Services

CR2E034 (12/95)