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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066939 (8)

1. Corporation Name

A.V.E., INC.

Principal Place of Business

701 US HWY ONE
STE 402
N PALM BEACH FL 33408

Mailing Address

701 US HWY ONE
STE 402
N PALM BEACH FL 33408



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYAN, JAMES H
701 US HWY ONE
STE 402
N PALM BEACH FL 33408

81

Michael A. SLAVIN

82

Street Address (P.O. Box Number Is Not Acceptable)

4440 PGA BLVD

83

Suite 402

84

Palm Beach Gardens FL

85

Zip Code 33410

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PSTD
DURR, NICOLE
STREET ADDRESS 701 US HWY ONE #402
CITY-ST-ZIP N PALM BEACH FL 33408

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

3.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

4.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

6.4 CITY-ST-ZIP

STREET ADDRESS

6.5 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)