

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cecilia B. McMurrian
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P94000008454 (8)**

95 MAY -1 PM 2: 05

1. CORPORATION NAME
ALEDA SALES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 10561 GREENBRIAR COURT BOCA RATON FL 33498 | 10561 GREENBRIAR COURT BOCA RATON FL 33498 |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 02/02/1994 | |
| Suite, Apt. # etc. | Suite, Apt. # etc. | 4. FEI Number | Applied For |
| 22 | 27 | 65-0469181 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | City/State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 |
| 7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301 | B1 Name B2 Street Address (P O Box Number is Not Acceptable) B3 B4 City FL B5 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 _____ (AT)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | P | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRUBOW, LEDA | 2. NAME | |
| STREET ADDRESS | 10561 GREENBRIAR COURT | 3. STREET ADDRESS | |
| CITY, ST, ZIP | BOCA RATON FL 33498 | 4. CITY, ST, ZIP | |
| TITLE | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY, ST, ZIP | | 8. CITY, ST, ZIP | |
| TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY, ST, ZIP | | 12. CITY, ST, ZIP | |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY, ST, ZIP | | 16. CITY, ST, ZIP | |
| TITLE | | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY, ST, ZIP | | 20. 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(1), 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 this corporation or the recorder or trustee empowered by statute to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Leda Grubow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEDA GRUBOW