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

* CORPORATION
* ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:37

DOCUMENT # P94000038380 (9)

1. Corporation Name
ALECIA'S, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11543 BUCKHAVEN LANE<br>WEST PALM BEACH FL 33412 | 11543 BUCKHAVEN LANE<br>WEST PALM BEACH FL 33412 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1201 US Hwy I
22 Suite, Apt. #, etc.: 45
23 City & State: N. Palm Beach
24 Zip: FL 33408
25 Country: Palm Beach

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

4. FEI Number: 65-0516002 ☐ 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

9. Name and Address of Current Registered Agent

MEROLA, JAMES R
4114 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road
83: Suite #204
84 City: 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 607.0505, Florida Statutes.

SIGNATURE: James R. Merola (Signature of New or Registered Agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-21-95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | DEMAIO, ALECIA M | 12 NAME | |
| STREET ADDRESS | 11543 BUCKHAVEN LANE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33412 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | DEMAIO, SARAH A | 22 NAME | |
| STREET ADDRESS | 11543 BUCKHAVEN LANE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33412 | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(i), 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:** James R. Merola 4/21/95 (407) 622-1435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James R. Merola, Registered Agent and Attorney

0201012 CP