

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 # P94000054591 (0)

1. Corporation Name

ASLAN ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5415 S.W. 13TH ST.
P.O. BOX 639
GAINESVILLE FL 32602

5415 S.W. 13TH ST.
P.O. BOX 639
GAINESVILLE FL 32602

3. Date Incorporated or Qualified
07/22/1994

3a. Date of Last Report
04/12/1995

4. FEI Number

59-3262512

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

2a. Mailing Address

21 7205 NW 47th Ct

26 7205 NW 47th Ct

22 Gainesville FL

27 Gainesville, FL

23 32606

28 32606

24 Zip Country USA

29 Zip Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, MARY L
5415 S.W. 13TH STREET
GAINESVILLE FL 32602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7205 NW 47th Ct

83 Gainesville

84 City

FL

85 Zip Code 32606

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

Mary Louise Weber, President

1/20/96

DATE

12. OFFICERS AND DIRECTORS

1 P ☐ DELETE
NAME WEBER, MARY LOUISE
STREET ADDRESS P.O. BOX 639 N/A
CITY-ST-ZIP GAINESVILLE FL

2 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 ☐ Change ☐ Addition
NAME Weber, Mary Louise
STREET ADDRESS 7205 NW 47th Ct.
CITY-ST-ZIP Gainesville FL 32606

2 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

3 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

4 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

5 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

6 ☐ Change ☐ Addition
NAME
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:

Mary Louise Weber, President

1/20/96

Date

904 3736362

Daytime Phone #

CR2E034 (12/95)