

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB -1 AM 8:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000069255 (5)

1. Corporation Name

J. R. ALAN INDUSTRIES, INC.

Principal Place of Business

**301 SW 86TH AVE.
PEMBROKE PINES FL 33025**

Mailing Address

**301 SW 86TH AVE.
PEMBROKE PINES FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

9720 PINES BLVD

4. FEI Number

65-0521501

Applied For

Not Applicable

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

PEMBROKE PINES, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24

Country

25

Zip

29

33024

Country

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ALAN, RICHARD

301 SW 86TH AVE.

PEMBROKE PINES FL 33025

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

DPT

NAME

ALAN, RICHARD

STREET ADDRESS

301 SW 86TH AVE., #202

CITY- ST- ZIP

PEMBROKE PINES FL 33025

TITLE

DS

NAME

ALAN, JILL

STREET ADDRESS

301 SW 86TH AVE., #202

CITY- ST- ZIP

PEMBROKE PINES FL 33025

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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:

Jill Alan

JILL ALAN

1/17/95

305-435-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

(PHONE NUMBER)