SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE

PROFIT CORPORATION ANNUAL REPORT

1996



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMEN I # P95000012954 (U	DOCUMENT #	P95000012954	(0)
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AYALON MANAGEMENT CO.



2661 REGALIA COOPER CITY		2661 REGALIA WAY COOPER CITY FL 33	026			
					 Date incorporated or Qualified 02/15/1995 	3a. Date of Last Report
Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0566964	Applied For
·		26			65-050010-	Not Applicab
Suite, Apt #.	, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z ₁ p	Country 30	,	This corporation has liability for i Florida Statutes	ptangible tax under s. 199 032. Yes
	g. Name and Address of Currer				10. Name and Address of New Re-	
			81	Name		
266	ALON, RAN 81 REGALIA WAY IOPER CITY FL 33026		82 83		iress (P.O. Box Number is Not Acceptab	le)
			84	City		B5 Zip Code
				<u></u>	poration submits this statement for the property accept	<u> FL</u>
IGNATURE	gistered agent, or both, in the state of familiar with, and accept the oblig		NOTE: Hey stered Ag		mod who registry	DAIE
						COR AND DIDECTORS IN 12
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2.	OFFICERS AN		13. 11 Jule	T		
Z. TLE	OFFICERS AN DP AYALON, RAN	ND DIRECTORS	13. 117916 12 NAME			
Z. TLE AME	OFFICERS AND PAYALON, RAN 2661 REGALIA WAY	ND DIRECTORS	13. 117416 12 NAME 13 STHEE	T ADDRESS		
Z. Tle Ame Treet address Ty-st-zip	OFFICERS AN DP AYALON, RAN	ID DIRECTORS DELETE	13. 117946 12 NAME 13 STHEE 14 CITY -	T ADDRESS		Change Addi
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I do hereby certify that the information supplied with this litting is volontarily termined and one of 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 617, Florida Statutes, and that my name appears in Block 12 or Block 11 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-96 438-0656