

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000055549 (6)**

1. Corporation Name:

AARO RETAIL SYSTEMS, INC.



Principal Place of Business:

**5020 BRIDGE PORT DRIVE
SAFETY HARBOR FL 34695**

Mailing Address:

**POST OFFICE BOX 853
SAFETY HARBOR FL 34695**

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

2. Principal Place of Business:

2a. Mailing Address:

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**BUBLEY & BUBLEY P.A.
3820 NORTHDAL BLVD. STE 312B
TAMPA FL 33624**

4. FEI Number

59-3324551

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

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 607.0405, Florida Statutes.

SIGNATURE

Signature of the person submitting this statement to the Department of State

Signature of Registered Agent (signature required for first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
LAMONICA, JOSEPH S JR.
5020 BRIDGE PORT DRIVE
SAFETY HARBOR FL 34695**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
LAMONICA, THOMAS P
5020 BRIDGE PORT DRIVE
SAFETY HARBOR FL 34695**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
LAMONICA, JOSEPH S III
7522 CELINA STREET
MASSILLON OH 44646**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
RIEBEL, RONALD J
6452 107TH TERRACE NORTH
PINELLAS PARK FL 34666**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**LA MONICA, JOHN S.
1469 ISLAND DR 'C'
UNIONTOWN OH 44685**

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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
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93. TITLE
94. NAME
95. STREET ADDRESS
96. 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. 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:

Joseph S. La Monica Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH S. LA MONICA JR 2/2/96 813 726 8140

CR2E034 (12/95)