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 # **P95000055549 (6)**

1. Corporation Name

AARO RETAIL SYSTEMS, INC.

Principal Place of Business	Mailing Address
5020 BRIDGE PORT DRIVE SAFETY HARBOR FL 34695	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 (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

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

9. Name and Address of Current Registered Agent

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

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 of a new registered agent required when changed) (If the Registered Agent signature is required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			
D	☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
LAMONICA, JOSEPH S JR.			
5020 BRIDGE PORT DRIVE			
SAFETY HARBOR FL 34695			
D	☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☐ Change ☐ Addition
LAMONICA, THOMAS P			
5020 BRIDGE PORT DRIVE			
SAFETY HARBOR FL 34695			
D	☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change ☐ Addition
LAMONICA, JOSEPH S III			
7522 CELINA STREET			
MASSILLON OH 44646			
D	☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
RIEBEL, RONALD J			
6452 107TH TERRACE NORTH			
PINELLAS PARK FL 34666			
LA MONICA, JOHN S	☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
2469 ISLAND DR 'C'			
UNIONTOWN OH 44685			
	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

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 attached sheet, with an address.

SIGNATURE: Joseph S. LaMonica Jr JOSEPH S. LAMONICA JR 2/2/96 813 726 8140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)