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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN	MENT # P9500	0009	0805 (9	€)							
	ALES, INC.										
Principal Place of Business Mailing Address								A 18841804 IIO IOIO BIIII OOIII OOIII	ODDIN ODDIN FORM OF	AUDI DURAL	00101 3111 1 001
2975 BEE RIC			2975 BEE RIDGE ROAD								
SUITE D	JOE HOAD	SUITE D									
sarasota f	L 34239	\$	ARASOTA FL 34239	1			}	3. Date Incorporated or Qualified	3a. Date of t	act Do	poort
								11/29/1995	Sa. Date of t	.eist mo	,,,,,,
2. Principal Pla	ce of Business	2a.	Mailing Address					4. FEI Number	<u>.l </u>	X A	Applied For
21		26	3								lot Applicable
Suite. Apt. #	, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$	8.75	Additional
22		27						S. Continuate of otatus posited	<u> </u>	Fee F	Required
City & State			City & State					6. Election Campaign Financing	п ;	•	May Be
23		28			country			Trust Fund Contribution			to Fees
Z _j n 24	Country							8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No			
[24]	25 9. Name and Address of Curre	29 nt Registe	ered Agent	30	I			10. Name and Address of New R		nt	
					81	Name		10.			
GLADFELTER, LESLIE H					82	-	A -1.1	s (P.O. Box Number is Not Acceptab	la)		
1023 MANATEE AVENUE WEST					02	Street	Addres	s (F.O. Box Number is Not Acceptab	io)		
BRADEN	ITON FL 34205				83						
				84	City			8	5 Zir	Code	
									FL		
or registers	o the provisions of Sections 607.050 od agent, or both, in the State of Flo h, and accept the obligations of, Soc	nda Such-	change was authori.	ized by th	ibove-r ie corpi	named co pration's	orporati board	on submits this statement for the pur of directors. I hereby accept the appo	pose of changir pintment as reg	ng its re istered	gistered office agent. I am
SIGNATURE											
	Signature, type dioriprinted having of registered ages					l signature r	required w	tien reinstating)	DATE	FOTO	50 11 10
12. THUE	OFFICERS AT	ALD DIRECT	DELETE		3. 1 11/LE		P	ADDITIONS/CHANGES TO OFF	CERS AND DIF		Addition
NAME	SHEARSON, C A				2 NAME		١.	-•	_ ·	. nor ngo	A Localita
STREET ADDRESS	2975 BEE RIDGE RD. SUITE	E D				ADDRESS					
CBY-S1-ZB	SARASOTA FL 34239				4 CITY - S						
10113	D	· · · · · · · · · · · · · · · · · · ·	☐ DELETE		1 TITLE		V	3	X 0	hange	☐ Addition
NAMÉ.	EILERS, HARRY			2	2 NAME		' '				
STREET ADDRESS	2975 BEE RIDGE RD. SUITE	E D		2	3 STHEFT	ADDRESS					
CITY+S1+ZIP	SARASOTA FL 34239			2	4 CITY-S	T-ZIP	1				
TILE			DELFTE	3	1 TITLE					hange	☐ Addition
NAME				3	2 NAME			:	4+		
STREET ADDRESS				B B		ADDRESS					•
C-TY-ST-7P			T) DELETE		4 CITY - S	T-ZIP	-	Ph. 200 :		hanna	Addition
1 ILF			[] pertit		1 TITLE			añööö1.4	'40៩ព័	nange —	
STEEL LADORESS					2 NAME	ADDRESS		9000017 -03/12/9601 ***200.00	11601	î	
					.a Gifty - S			***ZUU.UU			
Crity: SE-ZiP Till(E			DELETE		1 TITLE	1.514	†			hange	☐ Addition
NAMI			_		2 NAME				_	-	
STEELT ADDRESS						address					
City St 20F					4 City - S						
THLE		— —	DELETE		1 TITLE					hange	☐ Addition
NAME				6	2 NAME						
STREET ADDRESS				6	3 STREET	ADDRESS					
CHY S1-2H				6	4 CITY - S	I-7IP	<u> </u>				

14. Ide 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 armual 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 13 if changed, or on an attachment with an address.

SIGNATURE: CALL HELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 941-921-3108

CR2E034 (12/95)