

**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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P95000094156 (3)**  
1. Corporation Name  
**ALROY, INC.**



Principal Place of Business: **11 ALSTON ROAD PALM BEACH GARDENS FL 33418**  
Mailing Address: **11 ALSTON ROAD PALM BEACH GARDENS FL 33418**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/12/1995</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>650647281</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>FISCH, RALPH 11 ALSTON ROAD PALM BEACH GARDENS FL 33418</b>		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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature typed or printed name of registered agent or officer of the corporation)  
Date: \_\_\_\_\_ (Date Registered Agent signed and received when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MISHAAN, A. ROY</b>	1.2 NAME	
STREET ADDRESS	<b>24 RABBITS RUN</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33418</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MISHAAN, ALBERTO</b>	2.2 NAME	
STREET ADDRESS	<b>2333 BRICKELL AVENUE APT 1901</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33129</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>RICHARD Mishaan</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>50 CENTRAL PARK WEST</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>STEVEN MISHAAN</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>10175 COLLINS AVE APT 808</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>800001883378</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-07/03/96--01051--018</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>***200.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 attachment with an address.

SIGNATURE: \_\_\_\_\_  
Date: **4-10-96**

CR2E034 (12/95)