FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Daytime Phone #

- À ROCCERTRE DE RÉGIO ANTIN ACTIVE ROSER ROCCE ADRIA DRIVE REPOR DÉGOS ANTICE DE LA DI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094156 (3)

ALROY, INC.

SIGNATURE:

Principal Place of Business Mailing Address								H OBANG HANA OTO OT FACOT OT	11 4 B 111 1 88 1
11 ALSTON ROAD PALM BEACH GARDENS FL 33418 11 ALSTON ROAD PALM BEACH GARDENS				FL 33418-	6822	2			
							3. Date Incorporated or Qualified	3a. Date of Last	Report
							12/12/1995	05/01/1996	
2. Principal	Place of Business	28.	Mailing Address				4. FEI Number		pplied For
21		26					65-0647281	١	lot Applicable
Suite, Apt #, etc			Surte, Apt. #, etc.				5, Certificate of Status Desired		Additional Required
City & Sta	ate		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip			Zip Cou		untry	1	8. This corporation has liability for i		s. 199.032,
24	25 29 g. Name and Address of Current Registered Agent			30			Florida Statutes Yes No		
		ent Hegis	itered Agent		81	M	10. Name and Address of New Re	gistered Agent	
	SCH, RALPH				0,	Name			
11 ALSTON ROAD					82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)	•
PALM BEACH GARDENS FL 33418									
					83				
					84	City		85 Zip	Code
					<u> </u>				
agent. I	am familiar with, and accept the obli	e of Flori gations o	da. Such change was f, Section 607.0505, F	authorize forida Sta	d by	y the corporal s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it the appointment a	ns registered s registered
SIGNATURE	Signature, typed or printed name of registered a	gert and title	rif ambicable (NO	I)E: Begistere	d An	ent signature repui	red when reinslating)	DATE	
12.	OFFICERS A			13.		an agrana o tagan	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D		DELETE	1.17	ITLE			Change	Addition
NAME	MISHAAN, A. ROY			1.2 N	AME				
STREET ADDRESS				1.3 \$	TREET	ADDRESS			
CITY - \$1 - ZIP	PALM BEACH GARDENS FL	33418		1.4 0	ITY-5	ST-ZIP			
TOLE	D		DELETE	2.1 TI				Change	☐ Addition
NAME	MISHAAN, ALBERTO			2.2 N	2.2 NAME				
STREET ADDRESS		T 1901		2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			2 4 0	HY-	ST~ZIP			
TITLE	D		DELETE	3 1 T)				Change	Addition
NAME	MISHAAN, RICHARD			32 N	AME	1			
STREET ADDRESS	ADDRESS 50 CENTRAL PARK WEST			338	TREET	ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10023			34.0	iTY-	ST-ZIP			
TITLE	D		DELETE	4 1 TI	TLE			☐ Change	Addition
NAME	MISHAAN, STEVEN			4 2 N	IAME				
STREET ADDRESS				435	TREET	ADDRESS			
CITY-ST-7/P	BAL HARBOUR FL 33180			4.4 C	ITY - S	ST-ZIP			
TITLE			DELETE	5.1 Ti	TLE			Change	Addition
NAME				52 N	AME				
STREET ADDRESS				535	TREET	ADDRESS			
CITY-ST-ZIP				5.4 C	ITY-S	ST - ZIP			
TITLE			☐ DELETE	6.1 Y				☐ Change	Addition
NAME				6.2 N	AME				
STREET ADDRESS				6.3 S	TREET	ADDRESS			
מול ום עדום					T				

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.