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

DOCUMENT #

S39385

(7)

ALLDARON ENTERPRISES, INC.

Principal Place of Business Mailing Address

P O BOX 3069
CLEARWATER FL 34630-5069
CLEARWATER FL 34630-5069



3. Date Incorporated or Qualified 3a. Date of Last Report

						U3/15/1991	(<i>32[20[</i>	1995
Principal Pk	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
	. <u> </u>	26			59-3071564			Not Applicab	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Dity & State	е	City & State		`		6. Election Campaign Financing		\$5.0	00 May Be
		28	······································			Trust Fund Contribution			ed to Fees
Zιμ	Country	Zip	Cou	ntry		8. This corporation has liability for int		x under s	199.032,
	[25]	29	30			Florida Statutes	_		
	9. Name and Address of Curre	ent Hegistered Agent		81	Name	10. Name and Address of New Re	gistered #	Agent	
8588				°'	Name				
PERRY, CHARLES					82 Street Address (P.O. Box Number is Not Acceptable)				
1100 CLEVELAND STREET				83					
SUITE 900				83					
CLEARWATER FL 34615				84	City	=. 85			ip Code
	7					ition submits this statement for the purport of directors. I hereby accept the appoin	FL	$\bot \bot \bot$	
tarrinar wi INATURE	ith, and accept the obligations of, Se	ection 607.0505, Florida Statut	les.		signature required		DATE		
		AND DIRECTORS	T 13.		and a contract	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
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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 cath, that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change I, or on an attachment with an address.

SIGNATURE:

VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

447-5518