

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S91377** (9)

1. Corporation Name

ALVIN & ELIN, INC.



Principal Place of Business

**88 CAMBRIDGE LANE
1 PARK PLACE, SUITE 240
BOYNTON BEACH FL 33436
US**

Mailing Address

**88 CAMBRIDGE LANE
BOYNTON BEACH FL 33436
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**GERSON, GARY E
1645 PALM BEACH LAKE BLVD.
SUITE 1050
BOYNTON FL 33436**

3. Date Incorporated or Qualified

11/01/1991

3a. Date of Last Report

06/05/1995

4. FEI Number

65-0296140

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

10. Name and Address of New Registered Agent

81 Name **LYDIA F BURNS**

82 Street Address (P.O. Box Number is Not Acceptable)

2825 SW 5 ST

83

84

City **Boynton Bch FL**

85 Zip Code

33435

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. Each 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, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

Lydia F Burns

3-16-96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **BINDER, ELIN**
STREET ADDRESS **88 CAMBRIDGE II**
CITY-STATE-ZIP **BOYNTON BEACH FL**

2. TITLE ☐ DELETE

NAME **BINDER, ALVIN**
STREET ADDRESS **88 CAMBRIDGE II**
CITY-STATE-ZIP **BOYNTON BEACH FL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96

CR2E034 (12/95)