

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000003697 (9)**

1. Corporation Name  
**AARON'S DURASEAL, INC.**



Principal Place of Business      Mailing Address  
**360 WESTWINDS DR.  
PALM HARBOR FL 34683**      **360 WESTWINDS DR.  
PALM HARBOR FL 34683**

2. Principal Place of Business      2a. Mailing Address  
21 Suits, Apt. #, etc.      26 Suits, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Country      29 Zip      30 Country

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/12/1992**      **03/31/1995**  
4. FEI Number      Applied For  
**59-3152078**      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

9. Name and Address of Current Registered Agent  
**MYERS, DANA R  
360 WESTWINDS DR.  
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent  
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>MYERS, H J</b>                |                                 |
| STREET ADDRESS | <b>360 WESTWINDS DRIVE</b>       |                                 |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34683</b>      |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>MYERS, DANA R</b>             |                                 |
| STREET ADDRESS | <b>360 WESTWINDS DRIVE</b>       |                                 |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34683</b>      |                                 |
| TITLE          | <b>BRAD SCOTT HARVEY</b>         | <input type="checkbox"/> DELETE |
| NAME           | <b>15165 VERONA AVE. -APT. C</b> |                                 |
| STREET ADDRESS | <b>CLEARWATER FL,</b>            |                                 |
| CITY-ST-ZIP    | <b>34620</b>                     |                                 |
| TITLE          |                                  | <input type="checkbox"/> DELETE |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> DELETE |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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)(a), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Harold James Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 (813) 934-0699  
DATE TIME

CR2E034 (12/95)