

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **474702** (8)

1. Corporation Name
ARNGLO ENTERPRISES, INC.



Principal Place of Business
**719 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408**

Mailing Address
**719 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408**

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

| | | | |
|----|--|--|---------------------------------------|
| 3. | Date Incorporated or Qualified | 3a. | Date of Last Report |
| | 04/25/1975 | | 05/01/1995 |
| 4. | FIT Number | Applied For | |
| | 59-1593666 | Not Applicable | |
| 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. | This corporation has liability for intangible tax under s. 199.002, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**JACOBSON, ARNOLD
4599 JUNIPER LANE
PALM BEACH GARDENS FL 33410**

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 607.014(2) 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 607.014(2), Florida Statutes.

SIGNATURE

Signature of the person who filed this statement

OFFICER, Registered Agent or Director (SEE INSTRUCTIONS)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

| | | | |
|-----|----------------|----------------------------|---------------------------------|
| 12. | TITLE | PTD | <input type="checkbox"/> DELETE |
| | NAME | JACOBSON, ARNOLD | |
| | STREET ADDRESS | 4599 JUNIPER LANE | |
| | CITY-ST-ZIP | PALM BCH GARDENS FL | |
| | TITLE | D | <input type="checkbox"/> DELETE |
| | NAME | JACOBSON, GLORIA | |
| | STREET ADDRESS | 4599 JUNIPER LANE | |
| | CITY-ST-ZIP | PALM BCH GARDENS FL | |
| | TITLE | | <input type="checkbox"/> DELETE |
| | NAME | | |
| | STREET ADDRESS | | |
| | CITY-ST-ZIP | | |
| | TITLE | | <input type="checkbox"/> DELETE |
| | NAME | | |
| | STREET ADDRESS | | |
| | CITY-ST-ZIP | | |
| | TITLE | | <input type="checkbox"/> DELETE |
| | NAME | | |
| | STREET ADDRESS | | |
| | CITY-ST-ZIP | | |

| | | |
|-----|--------------------|---|
| 13. | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 2. NAME | |
| | 3. STREET ADDRESS | |
| | 4. CITY-ST-ZIP | |
| | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 6. NAME | |
| | 7. STREET ADDRESS | |
| | 8. CITY-ST-ZIP | |
| | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 10. NAME | |
| | 11. STREET ADDRESS | |
| | 12. CITY-ST-ZIP | |
| | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 14. NAME | |
| | 15. STREET ADDRESS | |
| | 16. CITY-ST-ZIP | |
| | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 18. NAME | |
| | 19. STREET ADDRESS | |
| | 20. 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, in an attachment with an address.

SIGNATURE: *Arnold Jacobson, Pres* **ARNOLD JACOBSON, PRES** 4-25-96 (407) 844-9797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)