

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

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90020 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F37785
 1. Corporation Name
A. AND R. LARSON, INC.

Principal Place of Business % ALAN LARSON 3416 SOUTH FEDERAL HWY DELRAY BEACH FL 33483-3227	Mailing Address % ALAN LARSON 3416 SOUTH FEDERAL HWY DELRAY BEACH FL 33483-3227
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4740 Tortoise Shell Dr. Suite, Apt. #, etc. 22 City & State 23 Boca Raton, Florida Zip Country 24 33431 25 Palm Beach	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Same Zip Country 29 Same 30
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3. Date Incorporated or Qualified 06/25/1981	4. FEI Number 59-2100547	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
LARSON, ALAN
3416 SOUTH FEDERAL HWY
DELRAY BEACH FL

10. Name and Address of New Registered Agent
 81 Name **Richard Larson**
 82 Street Address (P.O. Box Number is Not Acceptable)
4740 Tortoise Shell Drive
 83
 84 City **Boca Raton** **FL** 85 Zip Code **33431**

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: *Richard Larson* x *Richard Larson* x *4-28-99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LARSON, RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4740 TORTOISE SHELL DR	1.2 NAME	
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD LARSON, ALAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4740 TORTOISE SHELL DR	2.2 NAME	
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V LARSON, YVONNE	3.1 TITLE	Secretary/Treasurer/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4740 TORTOISE SHELL DR	3.2 NAME	
STREET ADDRESS	BOCA RATON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify 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 and Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Larson* x *Richard Larson* x *4-28-99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/98)