

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G48673** (9)

1. Corporation Name

ARK BROKERS, INC.



Principal Place of Business

**19600 W OAKMONT DR.
HIALEAH FL 33015**

Mailing Address

**19600 W OAKMONT DR.
HIALEAH FL 33015**

3. Date Incorporated or Qualified
07/01/1983

3a. Date of Last Report
12/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2305689

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINSEY, ASTON R.
19600 WEST OAK MONT DRIVE
MIAMI FL 33015**

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

Signature, typed or printed name of registered agent and for block 11 only

(Typed) Registered Agent signature for block 11 only (not for block 12)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD KINSEY, LORETTA J.**
STREET ADDRESS **19600 W. OAKMONT DRIVE**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D KINSEY, ASTON R.**
STREET ADDRESS **19600 W. OAKMONT DRIVE**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY- ST- ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY- ST- ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY- ST- ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY- ST- ZIP

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)(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 address.

SIGNATURE:

AR Kinsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-96
Date

829-3588
Telephone Number

CR2E034 (12/95)