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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCU:	MENT# J7988	1 (5)				
	AR MARKETING CORPORA	` '				
D , O .					A HATAHAT ANNA ARABA ARABA HAKAN ASABA ARABA ARABA ARABA	HADIO BARAN ANDRIN ALIAHA BIRAN KEBAH
Principal Plac		Mailing Address				
1117 CEPHIA STREET POST OFFICE BOX 472 LAKE WALES FL 33853 LAKE WALES FL 33859						
US US			•	DO NOT WRITE IN THIS SPACE		IS SPACE
					3. Date Incorporated or Qualified	
- 5 1 1 1 5					06/22/1987	
<u>- </u>		2a. Mailing Address	Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Apt # etc.		59-2829160	Not Applicable \$8.75 Additional
22		<u></u>	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zip		Count	ry	8. This corporation owes or has paid the	
24	25 Name and Address of Curre	29	30		Personal Property Tax due June 30.	Yes No
		ant Hadistaled Want	8	1 Name	10. Name and Address of New Register	ed Agent
SHAW, THOMAS C.			L			
605 E. ROBINSON STREET			8	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 510 ORLANDO FL 32801			8	3		
OUDWIND LE 25001			<u></u>			
			8	4 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Stat	lutes, the abo	ve-named cor	poration submits this statement for the purpose	e of changing its registered
office or r	egistered agent, or both, in the Stat I m fam iliar with, and accept the obili	te of Florida. Such change wa gations of, Section 607,0505,	s authorized Florida Statut	by the corpora es.	ition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	,					
	Signature, typed or printed name of registered a			geni s gnalure recio	ired when reinstaling} DAT	
12.	PST OFFICERS A	NO DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
NAME	SHAW, HUGH D.		1.2 NAM	1		□ cusude □ vacuou
STREET ADDRESS	1117 CEPHIA ST			ET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY - ST - ZIP			
TITLE	D DELETE		2.1 TITLE			☐ Change ☐ Addition
NAME	SHAW, HUGH D.		2 2 NAM	E .		
STREET ADDRESS	ss 1117 CEPHIA ST		23 STRE	et address	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	LAKE WALES FL			-ST-ZIP		
TITLE	D DELETE		3.1 TITLE	1		Change Addition
NAME	SHAW, CAROLYN		3.2 NAM			
STREET ADDRESS	1117 CEPHIA ST Lake Wales Fl		1	ET ADDRESS		
CTTY-ST-ZIP TITLE			4.1 TITLE	-ST-ZIP		Change Addition
NAME			4.2 NAM			E SHANGO E PAGNICION
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			4.4 CITY	ſ		
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM	£		
STREET ADDRESS			5 3 STAE	et address		
CITY-ST-ZIP			5.4 City			
TITLE		☐ DELĒTE	6.1 TITLE	ſ		Change Addition
NAME	:		6.2 NAMI	1		
STREET ADDRESS	4.		6.3 STRE	ET ADDRESS		

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 trusted 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:

WARK

April 25, 1998 941-676-2852

FILED

May 04 1998 8:00am

Secretary of State