

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K02142

(3)

1. Corporation Name

ARLINGTON IMPORTS, INC.



Principal Place of Business

1518 S. DIXIE HWY.  
W. PALM BEACH FL 33401  
US

Mailing Address

112 RIDGE RD  
JUPITER FL 33477  
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt., etc.

26. Suite, Apt., etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

HOCEVAR, CHARLES  
112 RIDGE RD  
JUPITER FL 33477

3. Date Incorporated or Qualified

11/12/1987

3a. Date of Last Report

07/25/1995

4. FEI Number

65-0011339

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. 190.032,  
Florida Statutes. ☐ Yes ☐ No

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 607.0602 and 607.1505, 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 obligation of Sections 607.0602, Florida Statutes.

SIGNATURE

*Charles Hocavar Pres.*

Date: Registered Agent Signature Required to be

Date

12.

OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

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STREET ADDRESS

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1. TITLE

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STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

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2. TITLE

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CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-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 in an amendment with an address.

SIGNATURE:

*Charles Hocavar Pres.* 2-16-96 833-6300

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)