

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L12738 (5)
1. Corporation Name
ARNHOFF, INC.



Principal Place of Business: 4900 CYPRESS LINKS BLVD, ELKTON FL 32093, US
Mailing Address: 65 LEMON ST, ST. AUGUSTINE FL 32086, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	890 Oak Ridge Road	08/31/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2967802	
22. City & State		27. City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	
25. Country		30. Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PELLICER, CHARLES E. 28 CORDOVA STREET ST. AUGUSTINE FL 32084				81 Name: Jeff Arnold			
				82 Street Address (P.O. Box Number is Not Acceptable): 890 Oak Ridge Road			
				83			
				84 City: St Augustine, FL 85 Zip Code: 32086-5364			

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]* Date: 1/28/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	ARNOLD, Jeff	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOLD, JEFF		1.2 NAME	890 Oak Ridge Rd.			
STREET ADDRESS	65 LEMON STREET 890		1.3 STREET ADDRESS	ST AUGUSTINE, FL 32086-5364			
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	Arnold, Jennifer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOLD, JENNIFER		2.2 NAME	890 Oak Ridge Road			
STREET ADDRESS	65 LEMON STREET		2.3 STREET ADDRESS	ST AUGUSTINE FL 32086-5364			
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: 1/28/98 1/900 999-6930

CR2E034 (10/97)