Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT **CGRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90038 025 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT	# L	77	098
1. Corporation Name	_		•

ARBITARE DEVELOPMENT COMPANY

Country

Principal Place of Business Mailing Address 8280 SW 103 ST. 8280 SW 103 ST MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 2a. Mailing Address 9555 KENDALL DRIVE 26 Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 104 27

> 28 Zip

29

City & State

25 9. Name and Address of Current Registered Agent PLUNKETT, JACK, JR. 8280 SW 103 STREET

MIAMI FL 33156

City & State

MIAMI

		Trust Fund Contribution	Added to Fees
Country		This corporation owes the current ye Personal Property Tax.	ar Intangible ☑Yes ☐No
		10. Name and Address of New Regist	ered Agent
8	1 Name		
8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
8	3		
8	4 City	·	FL 85 Zip Code

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

05/29/1990 4. FEI Number

65-0216219

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.

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature re	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	!
TITLE	DPT DELETE	1.1 TITLE	☐ Change ☐ Add	ition
NAME	PLUNKETT, JACK, JR.	1.2 NAME		
STREET ADDRESS	8280 SW 103 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	S □ DELETE	2.1 TITLE	☐ Change ☐ Add	ition
NAME	PLUNKETT, JACK, JR.	2.2 NAME		
STREET ADDRESS	8280 SW 103 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Add	ition
NAME		3.2 NAME	وليو يالموار المستخطين المراب المتعادي	- :
STREET ADDRESS		3.3 STREET ADDRESS		[
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Add	ition
NAME		4. 2 NAME		- 1
STREET ADDRESS		4.3 STREET ADORESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 YITLE	. ☐ Change ☐ Add	ition
NAME		5.2 NAME		ł
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	. Change Add	ition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	,	
CITY ST 7ID		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

PRESIDENT ICER OR DIRECTOR