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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059389

1. Corporation Name

ARI E COMPLITER FOLLIPMENT SERVICE CO

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Principal Place	e of Business	Mailing Ade	dress				7	4 IMB MB 118 8(8) 8(II 86111 VO(6) E	[]] []	1010111	HE 1811 1891
6923 CYPRESS RD #A11 PLANTATION FL 33317 US		PLANTATION	6923 CYPRESS RD #A12 PLANTATION FL 33317 US						CT WES	T. M. T.U.O.	-DACE		
		US								E IN THIS S	SPACE		
							1	Date Incorporated or	Qualifed				
2 Delevier of Ci	dans of Division on	20 Mailing	Addrose					07/31/1995 FEI Number			$ \top$	Anni	ied For
z. Principal Pi	tace of Business	— ,	2a. Mailing Address									Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Addition					<u> </u>
22 Solie, Apt. #, etc.		27	 					Certificate of Status D	esired		Fe	e Requ	uired
City & State			City & State					Election Campaign Fi	nancing		\$5.	00 м	lay Be
23		28						Trust Fund Contribution				ded to	
Zip	Country	Zip		Cou	intry		8.	This corporation owes	the curre	ent year Inta	ngible		
24	25	29		30				Personal Property Ta			☐ Yes		□No
	9. Name and Address of Curren	nt Registered A	gent				10.	Name and Address	of New R	egistered A	<u>gent</u>		
A 1.40	u corocoiol o				81	Name				*			
	H, FREDERICK C				82	Street Addre	ess (P	P.O. Box Number is No	t Accepta	ble)			
	CYPRESS RD #A11												
PLAI	NTATION FL 33317				83								
					84	City					85	Zip Cc	ode
										FL	1 1		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	change was a	authorized	d by ti	-named corpo he corporation	oration on's bo	n submits this statement pard of directors. I here	nt for the by accep	numose of o	hangin tment a	g its regi	egistered stered
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90081 019 ***150.00