

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

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PROFIT CORPORATION
ANNUAL REPORT
1997



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

1997 AUG 25 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104166 (9)

1. Corporation Name
ARLAN ENTERPRISES, INC.



Principal Place of Business
3139 BENT CREEK DRIVE
VALRICO FL 33954

Mailing Address
POST OFFICE BOX 2333
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 n/a		26 n/a		12/23/1996	na
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-3416974	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITE, DONELLA A 10815 CANDLIN COURT RIVERVIEW FL 33569				81 Name	White, Donelle A.		
				82 Street Address (P.O. Box Number is Not Acceptable)	1902 Cimmaron Run Drive		
				83			
				84 City	Valrico	85 State	FL
						86 Zip Code	33594

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALLER, ANDREA M	1.2 NAME	Staller, Andrea
STREET ADDRESS	1000 NORTH HORATIO ST, #107	1.3 STREET ADDRESS	9656 NW 7th Circle #18-24
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ELLOUISE E	2.2 NAME	800002278798-2
STREET ADDRESS	3139 BENT CREEK DRIVE	2.3 STREET ADDRESS	-08/27/97--01084--005
CITY-ST-ZIP	VALRICO FL 33954	2.4 CITY-ST-ZIP	****165.00 ****165.00
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 do 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (4/97)

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ARLAN Enterprises, Inc.
PO Box 2333
Tampa, FL 33601

August 15, 1997

Corporate Records Bureau
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

A completed Annual Report along with a check for \$165 filing fee is enclosed. After speaking with one of your representatives, this date, I am writing, upon the representatives recommendation, to explain why a report had not been filed earlier.

ARLAN Enterprises, Inc. was officially formed as a corporation on December 23, 1996 with the business becoming operational in June 1997. The corporation did not receive the 1997 Profit Corporation Annual Report Packet until this month, August 1997. The notification stated that it was a second notice and penalties were due.

Given the situation mentioned above, your representative advised me to send this letter of explanation and remit the \$165 fee. No penalty to be incurred.

In addition, your representative, Steve, was quite helpful in providing information regarding annual reporting responsibilities offering a suggestion to contact the agency should we not receive a form by February of any year.

We appreciate your understanding in this matter!

Sincerely,

Ellouise E. Williams

Ellouise E. Williams