

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

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90052 049 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000062590

1. Corporation Name
A.R.M. DEVELOPMENT CORPORATION OF NAPLES, INC.



Principal Place of Business
**4206 ENTERPRISE AVE., #A-7
 NAPLES FL 34104**

Mailing Address
**4206 ENTERPRISE AVE., #A-7
 NAPLES FL 34104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/13/1998

4. FEI Number
59-352 3126 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**ELI-AV, URI D
 4206 ENTERPRISE AVE., #A-7
 NAPLES FL 34104**

10. Name and Address of New Registered Agent

81 Name **OVADA ELIAS**

82 Street Address (P.O. Box Number is not Acceptable)
4206 ENTERPRISE AVE #A7

83 City **NAPLES** FL 85 Zip Code **34104**

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 *Rohi* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIAS, OVADIA R	
STREET ADDRESS	4206 ENTERPRISE AVE., #A-7	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELI-AV, URI D	
STREET ADDRESS	4206 ENTERPRISE AVE., #A-7	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALICE, MEIR	
STREET ADDRESS	4206 ENTERPRISE AVE., #A-7	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TREASURER/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALIAS, AVIEL	
2.3 STREET ADDRESS	4206 ENTERPRISE AVENUE #A-7	
2.4 CITY-ST-ZIP	NAPLES, FLORIDA 34104	
3.1 TITLE	VICE PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICE, GEORGE	
4.3 STREET ADDRESS	4206 ENTERPRISE AVENUE #A-7	
4.4 CITY-ST-ZIP	NAPLES, FLORIDA 34104	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(f), 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: *Rohi* 1-8-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)