PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000074066

1. Corporation Name

ARIE RIIVERS CASH INC

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90061 038 ***150.00

ADLL DO	TENO CASILINO.							
Principal Place	e of Business	Mailing Address			4 100 (100 110 110 101 101	Stif Sent Conti Cotti Conti		181 0 0111 1001
5400 S.W. 182ND TERRACE 5400 S.W. 182ND TERRAC						•		
FORT LAUDERDALE FL 33331 FORT LAUDERDALE FL 3333								
						NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or 08/24/1998	Qualifed	·	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-087	- 1817		lied For Applicable
21 Suite Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired			
22	27							uired
City & Stat			City & State		6. Election Campaign Financing \$5.00 May Be			
		28	28		Trust Fund Contribution Added to Fees			
Zip			Country		8. This corporation owe	s the current year Int	angible	
24	25 29			Personal Property Tax.			ŬYes,Ì	X 100
	9. Name and Address of Currer				10. Name and Address	of New Registered	Agent	
		-	81	Name		· · · · · · · · · · · · · · · · · · ·		
BAC	HE, LAWRENCE D		-	51 1 1 1 1	ID O. Day Myrinhan in M	at & anantable)		
9000 WEST SHERIDAN STREET			82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			-
SUIT	E 174		83					
PEM	BROKE PINES FL 33024							
			84	City		FL	85 Zip C	ode
office or r agent. I a SIGNATURE	to the provisions of Sections 60' Sections 6	ations of, Section 607.0505, Flor	ida Statutes		d when reinstating)	DATE	nument as reg	·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	VAN BRUNT, GLENN A JR.		1.2 NAME	Į				ļ
STREET ADDRESS	5400 S.W. 182ND TERRACE		1.3 STREET	TADORESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33331		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME			2.2 NAME	}				
STREET ADDRESS			2.3 STREE		·			• }
CITY-ST-ZIP				I ADDRESS !	v		a .	
TITLE			2. 4 CITY-S	†	,	· .	·	
NAME		☐ DELETE	2.4 CITY-S 3.1 TITLE	†			☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE		†		· .	Change	☐ Addition
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	ST-ZIP	,		☐ Change	Addition
		☐ DELETE	3.1 TITLE 3.2 NAME	T ADDRESS			Change	Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS			☐ Change	Addition
TITLE			3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S	T ADDRESS	,	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME			3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS	,			
TITLE NAME STREET ADDRESS			3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T ADDRESS				
TITLE NAME			3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T ADDRESS	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE* 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE*	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE* 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change	Addition Addition

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR