

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00.

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

Arizona Resources Industries, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 1080.700 4th Ave. S.W.

26 P.O. Box 2369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Calgary, Alberta

28 Palos Verdes Peninsula, CA

Zip

Country

Zip

Country

24 T2P 3J4

25 Canada

29 90274

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/13/91

3a. Date of Last Report

1995

4. FEI Number

65-0366388

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

Lee Shackelford
3500 Gault Ocean Drive
Suite 302
Ft. Lauderdale, FL 33308

81 Name

CT Corporation System

82

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84

City

Plantation

FL

85

Zip Code

33324

11. Pursuant to the provisions of Sections 607.0702 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

M. T. Fitzpatrick

M. T. FITZPATRICK, ASST. SECY.

7/25/96

(Print Name of Registered Agent and Title of Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE President/Director
NAME Lee Shackelford
STREET ADDRESS
CITY-ST-ZIP ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE ***

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE *****

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this form, or on an attachment with an address

SIGNATURE:

Robert E. Gove

Treasurer

(Print Name of Signing Officer or Director)

7/24/96

(310) 831-9285

8/20/96

CR2E034 (12/95)