

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V38794 (6)**
 1. Corporation Name
ARMROO, INC.



Principal Place of Business Mailing Address
777 S. FLAGLER DRIVE SUITE 310(EAST) WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified **05/22/1992** 3a. Date of Last Report **04/26/1995**
 4. FEI Number **65-0378468** 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. 199.03? Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

**JAMES, KEITH A.
 777 S. FLAGLER DRIVE
 SUITE 310 (EAST)
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name **Howard Bregman**
 82 Street Address (P.O. Box Number is Not Acceptable) **777 South Flagler Drive, Suite 310 East**
 83
 84 City **West Palm Beach** FL 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 *[Signature]* July 22, 1996
 Signature of the registered agent and the principal officer (NOTE: Registered Agent signature required when resigning.) Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHAPIRO, PAUL E.	
STREET ADDRESS	777 S. FLAGLER DR. # 310	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ARMOUR, MARTA	
STREET ADDRESS	1050 ST. JAMES CROSSING	
CITY - ST - ZIP	ATLANTA GA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JUILLERAT, JAMES	
STREET ADDRESS	P.O. BOX 147 (N/A)	
CITY - ST - ZIP	JUPITER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BREGMAN, KIM	
STREET ADDRESS	621 NW 53RD ST STE 240	
CITY - ST - ZIP	BOCA RATON FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 617, Florida Statutes, that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Kim A. Bregman** 7/16/96 407-995-1488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (3/96)