SECOND N	IOTICE: CORPORATION WILI	L BE DISSOLV	/ED ON OR AFTER	RAUGUS	T 7,	1996.			
	ON OR BEFORE 8/7/96: \$225 (IF I	DISSOLVED, MI 111 Sept							
CORPORATION Sandra B. Mortham									
ANNUAL REPORT Secretary of State									
1996 DIVISION OF CORPORATIONS						NS 			
DOCUMENT # V46625 (2)									
ARDEN	RESOURCE MANAGEN	IENT, INC.					1 LEGIK ENGNI ENGLE ENKIR a kno nach en) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address									
116 N. PINELL TARPON SPRII			116 N. PINELLAS AVENUE TARPON SPRINGS FL 34689						
							3. Date incorporated or Qualified 06/29/1992		ate of Last Report /15/1995
2. Principal Pla	ace of Business	n	2a. Mailing Address				4. FEI Number 59-3138932		Applied For
Suite, Apt #	, etc.		26 Suite, Apt. #, etc.						Not Applicable \$8.75 Additional
22		27					5. Certificate of Status Desired		Fee Required
Cily & State		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zıp	Country		Zip (8. This corporation has liability for	intangible Yes	tax under s. 199.032,
24	9. Name and Address of Cu	29 urrent Registe					Florida Statutes 10. Name and Address of New Re	1	
EVA	INS, NOEL K.				81	Name			
505	E JACKSON ST				82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
SUITE 203 TAMPA FL 33602					83				
IAA	MPA FL 330UZ				84	City		P+ 1	85 Zip Code
11 Burguant t	o the provisions of Sections 607	' 0502 and 603	1508 Florida Statu	ites the a	hove	,	oration submits this statement for the p	FL image of	changing its registered
office or re	o the provisions of Sections 607 egistered agent, or both, in the S n familiar with land accept the c	State of Florida	Such change was Section 607 0505 F	authorize Iorida Sta	d by tutes	the corporat	ion's board of directors. Thereby accept	Pie appo	pintment as registered
SIGNATURE				.,					
12.	Signature: Typed or printed name of regular OFFICER:		agentand title Tappicable (NOTE AND DIRECTORS			rt signature requ	red when remistaring? ADDITIONS/CHANGES TO OFFIR	OA'E CERS AN	D DIRECTORS IN 12
TITLE	D		DELETE	1.1	IIILE				Change Addition
NAME	HUBBS, A PERRY		0		NAME				
STREET ADDRESS	TARPON SPRINGS FL		Pinces M		STREET CITY - S	ADORESS			
CHY-ST-ZIP TITLE	IANTON STRINGS FL	34689	DELETÉ		TITLE	11 21			Change Addition
NAME				2.2	NAME				
STREET ADDRESS				2 3	STREE!	ADDRESS			
CITY-ST-ZIP			DEVETE		CITY - S	ST-ZIP			Change Addition
TITLE			DELETE		title Name				L Change L Addition
NAME STREET ADDRESS						ADORESS			
CITY-ST-ZIP				1	CITY - S				
TITLE			DELETE	4.1	TIFLE				Change Addition
NAME				4 2	NAME				!
STREET ADDRESS				1		ADDRESS			
CHTY-ST-ZIP TITLE			DELETE		DITY - S TITLE	SI - ZIP			Change Addition
NAME			555515		NAME				
STREET ADDRESS						ADDRESS			
CITY-S1-ZIP				5.4	CITY - S	ST - ZIP			
TITLE			DEFELE		TITLE				Change Addition
NAME				6.2	NAME	I			

64CITY-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 trastice empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 15 or Block 15 it changed, or or an attachment with an address.

63 STREET ADORESS

STREET ADDRESS

SIGNATURE:

10Jul96 813-942-3934

CR2E034 (3/96)