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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078185 (2)

THE ARVIDIAN GROUP, INC.

Principal Place of Business

Mailing Address

## FILED Apr 25 1997 8:00am Secretary of State



280 E. DR., STE. E MELBOURNE FL 32904		250 E. DR., STE, E MELBOURNE FL 32904-1031			
				3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 05/01/1996
	ACE OF BUSINESS HICKORY ST	2a. Mailing Address	211 5-	4. FEI Number	Applied For
Suite, Apt. 6	HICKORY ST	26 115 HICK	ory St.	59-3341985	Not Applicable
22 20	5	27 3010, Apr. 4, 600.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 MELB	BOURNE, FL	28 MELBOU	RNE	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24 <i>32</i> 90	9. Name and Address of Cu		30 U.S.A.	Florida Statutes  10. Name and Address of New Reg	Yes No
TUAL	LER. WILLIAM A	Ironi negisteren Mgent	81 Name		
2805	RHONDA CT. BOURNE FL 32935		82 Street A	THALLER WILLIA ddress (P.O. Box Nurliber is Not Acceptab 115 HICKORY ST	M A. #205
	•		84 City	Mara	85 Zip Code
44 Durawant t	a the provisions of Sections 607	0502 and 607 1509 Florida Statuto		MELBOURNE orporation submits this statement for the p	FL 32904
office or re agent. I ar	egistered agent, or both, in the S	bligations of Section 607.0506, Florida Statute bligations of Section 607.0506, Flor	uthorized by the corpo	oration's board of directors. Thereby accep	it the appointment as registered
SIGNATURE	Signature, lyped or printed name of registeral	d agent and fire if applicable (NOTE:	Registered Agent signature re	equired when reinstating)	DA1F.
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPST	☐ DELFTE	11 THEF	DPST	Change Addition
NAME	THALLER, WILLIAM A		1.2 NAME	THALLER, WILLIAM 115 HICKORY ST. MELBOURNE, FL 3	A
STREET ADDRESS	2805 RHONDA CT.		1.3 STHEET ADDRESS	115 HICKORY ST.	# 205
CITY-ST-ZIP	MELBOURNE FL 32935	DELETE	1.4 CITY - S1 - 7IP	MELBOURNE, FL 3	2904 Addition
TITLE NAME			2.1 1141.0		Change C Addition
STREET ADDRESS			2.2 NAME 2.3 SIRLET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 ]ITEF		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Donite	4.4 C(1Y - ST - Z)P		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME CYPECT ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-7IP		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CitY-ST-ZiP		
14, I do hereb	y certify that the information sup	plied with this filing does not qualify	for the exemption sta	ited in Section 119,07(3)(i), Florida Statutes	s. I further certify that the
i lemen of	ficer or director of the corneration	or supplemental annual report is tr. n or the receiver or trustee empowe d, or on an attachment with an addi	rad In execute this re	hat my signature shall häve the same lega port as required by Chapter 607, Florida S #/3/97	I effect as if made under oath; that italities; and that my name