**FILED** 

03-10-1999 90125 014 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POSOCOOR7153

1. Corporation ARL CON	NSULTANTS, INC.	007 100			
Principal Place	e of Business	Mailing Address		T (00)(40) (10) (010) (01) (01) (01) (01) (01) (	1001
11692 PAMPLONA ROAD BOYNTON BEACH FL 33437 US		11692 PAMPLONA BLVD BOYNTON BEACH FL 33437 US		DO NOT WRITE IN THIS SPACE	
			-	3. Date Incorporated or Qualified 01/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied Fo	
21		26		65-0616712 Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Addition.  Fee Required	al
22		27 City 8 State			_
City & State	e	City & State		6. Election Campaign Financing S5.00 May Be Added to Fees	•
23	Country	28	Country		
Zip	Country	Zip 3	<del>_</del>	8. This corporation owes the current year Intangible Personal Property Tax.	
24	25 9. Name and Address of Curren			10. Name and Address of New Registered Agent	
····	5. Haile and Address of Suiter	t registarea xigorit	81 Name		
LAPO	OFF, ARLENE				
11692 PAMPLONA BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33437			83		
			84 City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was aut	norized by the corporat	poration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registered	red i
	Signature, typed or printed name of registered ager		Registered Agent signature requir		40
12.		D DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ddition
TITLE	P	C) DETEIL	1.1 TITLE		
NAME	LAPOFF, ARLENE		1.2 NAME	11.90 PAMOLONA RIUN	į
STREET ADDRESS	8841 SHOAL CREEK LN		1.3 STREET ADDRESS	1692 PAMPLONA BLUD. BOXNTON BEACH, FL. 33437	}
CITY-ST-ZIP	BOYNTON BCH FL			OVIVION DEFICE IL 33137	ddition
TITLE		☐ DELETE	2.1 TITLE	, Ljohange Liv	duson
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ļ
CITY-ST-ZIP			2. 4 CITY- ST- ZIP	☐ Change ☐ A	ddition
TITLE		☐ DELETE	3.1 TITLE		Guidon
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		]
CITY-ST-ZIP			3.4. CITY-ST-ZIP	☐ Change ☐ A	ddition
TITLE		☐ DELETE	4.1 TITLE		dubbii
NAME			4. 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ belete	4.4 CITY-ST-ZIP	☐ Change ☐ A	ddition
TITLE		☐ DELETE	5.1 TITLE	Charige C A	-CIUCII
NAME			5.2 NAME	·	
STREET ADDRESS			5.3 STREET ADDRESS		Į.
CITY-ST-ZIP		<del></del>	5.4 CITY-ST-ZIP	☐ Change ☐ A	ddition
TITLE	l	☐ DELETE	6.1 TITLE		ddition

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.

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP