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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1111 LINCOLN RD



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 169372

(0)

Mailing Address

1111 LINCLN RD.

## ARROW INVESTMENT CO INC

| STE. 325<br>MIAMI BEACH FL 33139           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | MIAI                   | STE. 325<br>MIAMI BEACH FL 33139-2439    |                           |          |                   |                                                    |                                                                                                                   | T :              |                           |                                   |  |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------|------------------------------------------|---------------------------|----------|-------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|-----------------------------------|--|
| US                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | US                                       |                           |          |                   |                                                    | 06/13/1952 04/17                                                                                                  |                  |                           | e of Last Report<br><b>7/1996</b> |  |
| 2. Principal Place of Business             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | 2a. Mailing Address                      |                           |          |                   |                                                    | 4. FEI Number                                                                                                     |                  |                           | oplied For                        |  |
| 21                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 26                     | ···                                      |                           |          |                   |                                                    |                                                                                                                   |                  |                           | ot Applicable                     |  |
| Suite, Apt. #, etc.                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | Suite, Apt. #, etc.                      |                           |          |                   | - 1,                                               | 5. Certificate of Status Desired                                                                                  |                  | <b>+-</b>                 | Additional                        |  |
| City & State                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | City & State                             |                           |          |                   |                                                    |                                                                                                                   |                  |                           | equired                           |  |
| City & State                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | <u></u> ⊢              | <del>├-</del> ŋ '                        |                           |          |                   | -   1                                              | 6. Election Campaign Financing                                                                                    |                  |                           | May Be                            |  |
| Zip                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cauntry                                                                   | 28                     | Zip                                      | T 6                       | ountr    | ,                 | <del>-</del>                                       | Trust Fund Contribution                                                                                           |                  |                           | to Fees                           |  |
| 24                                         | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ¬ .                                                                       | 29                     | th-                                      | 30                        |          | '                 | '                                                  | 8. This corporation has liability for it<br>Florida Statutes                                                      |                  | tax under s<br>DNo        | . 199.032,                        |  |
| E-7                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d Address of Currer                                                       |                        | red Agent                                | 130                       |          | <del></del>       |                                                    | g. Name and Address of New Re                                                                                     |                  |                           |                                   |  |
| GOUDISS,MORTON R                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          |                           |          | 81 Name           |                                                    |                                                                                                                   |                  |                           | ,                                 |  |
| 1111 LINCOLN ROAD                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          |                           |          | Ctroot A          | and Address (D.O. Day Abreshop in Not Apro-24-11)  |                                                                                                                   |                  |                           |                                   |  |
| SUITE 325                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | 82                                       |                           |          | Street A          | Street Address (P.O. Box Number is Not Acceptable) |                                                                                                                   |                  |                           |                                   |  |
| MIAMI BEACH FL 33139                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          |                           | 83       |                   |                                                    |                                                                                                                   |                  |                           |                                   |  |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          |                           | 84       | City              |                                                    |                                                                                                                   | FL               | <b>85</b> Zip             | Code                              |  |
| office or r                                | registered ager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s of Sections 607 050<br>t, or both, in the State<br>and accept the oblig | of Florida             | i. Such change w                         | as authori:               | zed b    | v the corp        | corporat<br>poration's                             | tion submits this statement for the p<br>s board of directors. I hereby accep                                     | urnose of        | changing i<br>ointment as | ts registered<br>registered       |  |
| SIGNATURE                                  | First State of State |                                                                           |                        |                                          | uore b                    |          |                   |                                                    |                                                                                                                   |                  |                           |                                   |  |
| 12.                                        | Signature, typed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | printed name of registered agr<br>OFFICERS AN                             |                        |                                          | NOTE Registr              |          | ent signature r   | required wr                                        | nen reinstating) ADDITIONS/CHANGES TO OFFICE                                                                      | DATE<br>PEDC AND | DIDECTOR                  | 20 IM 40                          |  |
| TITLE                                      | PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICE TO AIR                                                             | DUITEO                 | DELETE                                   |                           | TITLE    |                   | !                                                  | ADDITIONS/CHANGES TO OFFIC                                                                                        | ENS AND          | Change                    | Addition                          |  |
| NAME                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MORTON R                                                                  |                        |                                          |                           | NAME     |                   |                                                    |                                                                                                                   |                  | La comingo                | 7.00                              |  |
| STREET ADDRESS 1111 LINCOLN ROAD, SUITE 32 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 325                    |                                          |                           |          | T ADDRESS         |                                                    |                                                                                                                   |                  |                           |                                   |  |
| CITY-\$1-ZIP                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CH, FL 33139                                                              |                        |                                          |                           | CITY-    | 1                 |                                                    |                                                                                                                   |                  |                           |                                   |  |
| TITLE                                      | DST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                        | ☐ DELETE                                 |                           | TITLE    | 31-211            |                                                    |                                                                                                                   | <del></del>      | Change                    | Addition                          |  |
| NAME                                       | GOUDISS,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ROBERT                                                                    |                        |                                          | 2.2                       | NAME     |                   |                                                    |                                                                                                                   |                  | •                         |                                   |  |
| STREET ADDRESS 1111 LINCOLN ROAD, SUITE 32 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 325                    | 23!                                      |                           |          | 23 STREET ADDRESS |                                                    |                                                                                                                   |                  |                           |                                   |  |
| CHTY-ST-ZIP                                | MIAMI BCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FL                                                                        |                        |                                          | 2                         | 4 CITY-  | ST-ZIP            |                                                    |                                                                                                                   |                  |                           |                                   |  |
| TITLE                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | ☐ DELETE                                 | 3.1                       | TITLE    |                   |                                                    |                                                                                                                   |                  | ☐ Change                  | Addition                          |  |
| NAME                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 3.2                       | NAME     |                   |                                                    |                                                                                                                   |                  |                           |                                   |  |
| STREET ADDRESS                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 3.3                       | STREE    | ADDRESS           | l                                                  |                                                                                                                   |                  |                           |                                   |  |
| CITY-ST-ZIP                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 3.4                       | I. CITY- | ST-ZIP            | ]                                                  |                                                                                                                   |                  |                           |                                   |  |
| TITLE                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | ☐ DELETE                                 | 4.1                       | TITLE    |                   |                                                    |                                                                                                                   |                  | Change                    | ☐ Addition                        |  |
| NAME                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 4.;                       | 2 NAME   |                   |                                                    |                                                                                                                   |                  |                           |                                   |  |
| STREET ADDRESS                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 4.3                       | STREE    | ADDRESS           |                                                    |                                                                                                                   |                  |                           |                                   |  |
| CHTY-ST-ZIP                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 4.4                       | CITY-    | ST-ZIP            |                                                    |                                                                                                                   |                  |                           |                                   |  |
| TITLE                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | ☐ DELETE                                 | 5.1                       | TITLE    |                   |                                                    |                                                                                                                   |                  | ☐ Change                  | Addition                          |  |
| NAME                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 52                        | NAME     |                   |                                                    |                                                                                                                   |                  |                           |                                   |  |
| STREET ADDRESS                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 5.3                       | STREE    | T ADDRESS         |                                                    |                                                                                                                   |                  |                           | ļ                                 |  |
| CHTY-ST-ZIP                                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 77 I 7 T T T T T T T T T T T T T T T T T                                  |                        |                                          | 5.4                       | CITY-    | ST-ZIP            |                                                    |                                                                                                                   |                  |                           |                                   |  |
| TITLE                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        | ☐ DELETE                                 | 6.1                       | TITLE    | I                 | ]                                                  |                                                                                                                   |                  | ☐ Change                  | ☐ Addition                        |  |
| NAME                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 62                        | NAME     | 1                 |                                                    |                                                                                                                   |                  |                           |                                   |  |
| STREET ADDRESS                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          | 6.3                       | \$TREE   | T ADDRESS         |                                                    |                                                                                                                   |                  |                           |                                   |  |
| CITY-ST-ZIP                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                        |                                          |                           | CITY-    |                   |                                                    |                                                                                                                   |                  |                           |                                   |  |
| informatio<br>I am an o                    | on indicated on<br>efficer or directo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | this annual report or a                                                   | supplemei<br>the recei | ntal annual report<br>ver or trustee ami | is true and<br>powered to | d acc    | urate and         | I that my                                          | Section 119.07(3)(i), Florida Statute<br>signature shall have the same lega<br>required by Chapter 607, Florida S | l effect as      | if made un                | der oath; that                    |  |