SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **286459** **(3)**

1. Corporation Name

A. R. A., INC. OF BOCA RATON

Principal Place of Business	Mailing Address
601 MEADOWS RD. BOCA RATON FL 33486	601 MEADOWS RD. BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1964**
3a. Date of Last Report: **02/21/1994**

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

4. FEI Number: **59-1100901** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLIS, HARRY L.
1730 DEL HAVEN DR.
DELRAY BCH. FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Harry L. Ellis — 6-28-95
(Typed name of person signing) (Registered Agent signature required) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELLIS, HARRY L.
STREET ADDRESS	1730 DEL HAVEN DR.
CITY ST ZIP	DELRAY BCH. FL

13. Additional Officers and Directors

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	☐ Change ☐ Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY ST ZIP	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry L. Ellis HARRY L ELLIS — 6-28-95 — (407) 39[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E034 (3/95)

0000430 CP