

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAY -1 PM 1:19**

**DOCUMENT # 459179 (8)**

1. Corporation Name  
**"ARJA B", INC.**

Principal Place of Business <b>911 S. FLAMINGO CIRCLD P.O. BOX 984 MARCO ISLAND, 33869-0984</b>	Mailing Address <b>911 S. FLAMINGO CIRCLD P.O. BOX 984 MARCO ISLAND, 33869-0984</b>
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DO NOT WRITE IN THIS SPACE.

21. Principal Place of Business Suits, Apt. #, etc.	22. Mailing Address Suits, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

3. Date Incorporated or Qualified <b>08/06/1974</b>	3a. Date of Last Report <b>06/10/1994</b>
4. FEI Number <b>59-1549074</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SCUDERI, SALVATORE C.  
601 ELKCAM CIRCLE  
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BONSALL, ARJA</b>
STREET ADDRESS	<b>911 S. FLAMINGO CIRCLE</b>
CITY - ST - ZIP	<b>MARCO ISLAND FL</b>
TITLE	<b>S</b>
NAME	<b>BONSALL, CHARLES J.</b>
STREET ADDRESS	<b>911 S. FLAMINGO CIRCLE</b>
CITY - ST - ZIP	<b>MARCO ISLAND FL</b>
TITLE	<b>D</b>
NAME	<b>BLOCKLINGER, ANNA C.</b>
STREET ADDRESS	<b>6551 COTTAGE STREET</b>
CITY - ST - ZIP	<b>PHILA., PENNA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or 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 Arja Bonsall - ARJA BONSALL 4/13/95 819-394-7976  
(Typed or Printed Name of Signing Officer or Director) (Date) (Telephone #)