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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

PORT ST. LUCIE FL 34952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

8450 S.FED HWY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 484

(0)

Mailing Address

8450 S.FED HWY

2a. Mailing Address

City & State

27

**28** Ζιρ

Suite, Apt. #, etc.

PORT ST. LUCIE FL 34952

C.C. ARNOLD ENTERPRISES INC. FL

Country

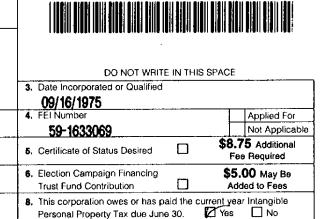
9. Name and Address of Current Registered Agent

25

ARNOLD, CLARENCE C 8450 SOUTH FEDERAL HWY

PORT ST. LUCIE FL 34952

FILED
Jan 23 1998 8:00am
Secretary of State



10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

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 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, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

R1

63

Name

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PRIVATE CHARGNEE C. Change A BRNOID, CHARGNEE C. ACLE 6035.W. LAKE CHARIES CIACLE PT. ST. LUCIE, F1.34786 DARNOID HILMA J. CHARGE 6035.W. LAKE CHARIES CIACLE DELETÉ Change \_\_\_ Addition 1.1 TITLE ÞΩ TITLE ARNOLD, CLARENCE C 1.2 NAME NAME 1044 NW SPRUCE RIDGE DR 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE TITLE ARNOLD, HILMA J 2.2 NAME NAME 1044 NW SPRUCE RIDGE DR 2.3 STREET ADDRESS STREET ADDRESS STUART FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CHTY-ST-ZIP

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

1-8-98 -1 271-630

CHZEU34 (10/97)