

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 532823

(2)

1. Corporation Name

ARNST SERVICE CENTER, INC.

Principal Place of Business

131 N.E. 5TH AVE
DELRAY BEACH FL 33483

Mail to Address

131 N.E. 5TH AVE
DELRAY BEACH FL 33483



2. Principal Place of Business

21 State: AR, Zip: 33483

22 City & State: Delray Beach, FL

23 Zip: 33483

24 City: Delray Beach

2a. Mailing Address

26 State: AR, Zip: 33483

27 City & State: Delray Beach, FL

28 Zip: 33483

29 City: Delray Beach

9. Name and Address of Current Registered Agent

ARNST, WILLIAM
131 N.E. 5TH AVENUE
DELRAY BEACH FL 33444

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 607.01 and 607.02, Florida Statute, I, the undersigned, do hereby certify that the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, which is contained in this corporation's report of officers and directors, is correct. I am the person appointed as registered agent. I am the person appointed as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[] Deletion
NAME	ARNST, WILLIAM	
STREET ADDRESS	622 ELDORADO LANE	
CITY, STATE	DELRAY BEACH FL	
TITLE	VS	[] Deletion
NAME	ARNST, BARBARA	
STREET ADDRESS	622 ELDORADO LANE	
CITY, STATE	DELRAY BEACH FL	
TITLE		[] Deletion
NAME		
STREET ADDRESS		
CITY, STATE		
TITLE		[] Deletion
NAME		
STREET ADDRESS		
CITY, STATE		
TITLE		[] Deletion
NAME		
STREET ADDRESS		
CITY, STATE		

13.

TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	[] Change [] Addition
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CITY, STATE	
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TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
CITY, STATE	

14. I do hereby certify that the information supplied with this report is true and correct. I understand that if I fail to file this report, or if I file a false report, I may be subject to criminal and civil penalties. I understand that if I fail to file this report, or if I file a false report, I may be subject to criminal and civil penalties. I understand that if I fail to file this report, or if I file a false report, I may be subject to criminal and civil penalties.

SIGNATURE: *William Arnst* WILLIAM ARNST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 407-276-4440

CR2E034 (12/95)