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

## PROFIT CORPORATION



## Sandra B. Mortham

			y of State ORPORATIONS	Secretary of State	
	MENT # 5672! Arris, inc.	53 (0)			
Principal Place of Business Mailing Address					81811 <b>618</b> 11 97811 51 <b>8</b> 11 61811 61811 <b>618</b> 11
10 WINDJAMMER POINT 10 WINDJAMMER POINT MERRITT ISLAND FL 32836-9483 MERRITT ISLAND FL 3295			1.3000		
US US	NO FE 32830-8403	US	-7000		
				3. Date Incorporated or Qualified 03/29/1978	3a. Date of Last Report 06/10/1996
,	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# 645	Suite, Apt. #, etc.		59-1840192	Not Applicable
Suite, Apit 22	#, U.G	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	f!	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zipi 24	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032,
<u></u>	9. Name and Address of Ci			10. Name and Address of New Re	
HAF	RRIS, JOSEPH M.		81 Name		
10 WINDJAMMER POINT 82			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
MEF	RRITT ISLAND FL 32952		83		
			84 City		FL 85 Zip Code
11. Pursuant office or r agent if a	to the provisions of Sections 607 registered agent, or both, in the functionaliar with, and accept the c	7.0502 and 607.1508, Florida Statute State of Florida. Such change was a obligations of Section 607.0505, Flo	es, the above-named con ulhorized by the corpora rida Statutes.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
SIGNATURE	Sliphalace, typed or per tre name of register	ed agent and title Lapplicable. (NOTE	Registered Agent signature requ	uired when reinstating)	DATE
12.	· · · · · · · · · · · · · · · · · · ·	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
111;F	PTD	☐ DELETE	1.3 TITLE		Change Addition
NAME OBJECT NAME OF STREET	HARRIS, JOSEPH M. 10 WINDJAMMER POINT		1.2 NAME		
STREET ADDRESS City+ST-74P	MERRITT ISLAND FL		1.3 STREET ADDRESS   1.4 CITY-ST-ZIP		
1016	SD	DELETE	2.1 TITLE		Change Addition
NAME	HARRIS, BARBARA D.		2.2 NAME		
STREET ADORESS	10 WINDJAMMER POINT		2.3 STREET ADDRESS		
CITY - ST - ZIP	MERRITT ISLAND FL	bereze	2 4 CITY-ST-ZIP		T Addition
TITLE NAME	D Taylor, Richard	DELETE	3.1 TITLE 3.2 NAME		Change
STREET ADDRESS	4450 LAKE WASH RD		3.3 STREET ADDRESS		
City - St - ZIP	MELBOURNE FL		3.4. CITY-ST-ZIP	i.	
Title	,	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADJRESS			4.3 STREET ADDRESS		
CHY-ST ZF THEF		DELETE	4.4 CITY-ST-ZIP 51 TiTLE	k	Change Addition
NAME	}	book percent	52 NAME		-
STHEEL ACIDRESS			53 STREET ADDRESS		
C11∀ - \$1 - 74₽			5.4 CITY-ST-ZIP		
Title	The state of the s	DELETE	6.1 TITLE		Change Addition
NAME:			6.2 NAME		
STREE ACCRESS			63 STREET ADDRESS		

14. It do 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 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 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.

**FILED** 

Apr 14 1997 8:00am