FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90006 001 ****61.25

0050573

DOCUMENT # 736915

1. Corporation Name
ARETE, INC.

Principal Place of Business	Mailing Address
13717 N. 42ND ST. #9 TAMPA FL 33613 US	13717 N. 42ND ST. #9 TEMPLE TERRACE FL 33613 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
09/29/1976

4. FEI Number
59-2232461
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LICHTENFELS, DAVID D
1113 N RIVERHILLS DR
TAMPA FL 33617

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JANSON, REX		1.2 NAME		
STREET ADDRESS	1015 PINE RIDGE CR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BOOTS, MICHAEL		2.2 NAME		
STREET ADDRESS	4618 LANDSCAPE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	33624	
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LICHTENFELS, DAVID D		3.2 NAME		
STREET ADDRESS	1113 N RIVERHILLS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, ALBERT		4.2 NAME		
STREET ADDRESS	11347 REGAL SQ DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	COLORET, ROBERT F		5.2 NAME	COLORET, ROBERT F.	
STREET ADDRESS	3109 W MLK BLVD SUITE 150		5.3 STREET ADDRESS	410 S. MELVILLE AVE UNIT C	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A SIGNATURE REQUIRED _____ 1/12/99 727-341-3604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #