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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850504 1. Corporation Name

. Corporation Name ARVID, INC.

ARVID, INC.

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90003 040 ***150.00



Principal Place	e of Business	Mailing Address					
WATER ST		WATER ST					
HAVRE DE GRACE MD 21078		HAVRE DE GRACE MD 21078		DO NOT WRITE IN THE	CDACE		
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 09/28/1981		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	_ A	Applied For
21		26			52-0672219	\ \ \ \ \ \	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	* • • • •	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	ry	8. This corporation owes the current year Int	angible	_
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
			1	11 Name	3		
	ERPF, ARVID M. JR.		l,	2 Stree	t Address (P.O. Box Number is Not Acceptable)	-	
2504 88TH ST. CT., N.W.				0	. 33350 - 1 1 20 - 22 - 22 - 22 - 25 - 26 K + 44	grade (1966)	. d. fra Black See
BRAI	DENTON FL 34209		Ī	13	1.8 (2.1%2) . (A. V. 1.8%3) #183 *#183	वर्ष चंद्रां	3.750000
			L		14. 新华港 自己的基础		4人對對中國
			,	14 City	FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statu	tes, the abo	ve-name	d comporation submits this statement for the purpose of	changing it	ts registered
office or n	registered agent, or both, in the State	of Florida. Such change was a	authorized I	by the corp	poration's board of directors. I hereby accept the appoi	ntment as r	registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, FR	onda Statut	es.	•		
SIGNATURE	Oliverture to add a second account of the second account	t and title if positionals (NOT)	E: Projetorod A	and cionatura	a required when reinstating)		i
	Signature, typed or printed name of registered agen			gent signature	a required when reinstating); DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	-	a required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	
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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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICERION SPECTOR

1/22/99

410 439-216

32E034 (11/98)