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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11923

(2)

FILED										
Mar 17 1998 8:00am										
Secretary of State										
5										

ł	orporation Name ARDWOLD INV	/ESTMENTS, INC.) (Z	-)							
Principal Place of Business Mailing Address								1 2001/10 4103 4103 41034 11040 41000			
	O BISCAYNE LVD		20803 BISCAYN								
200 SUITE 200								DO A COT MUDITE IN TUVO ODA OF			
AVENTURA FL 33180 US			AVENTURA FL 33180 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US			US					01/09/1981			
2. P	incipal Place of Bu	siness	2a. Mailing Address							oplied For	
21	·		26				65-0126018		 	ot Applicable	
St	ilte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22			27				O. Certificate of Status Desired			equired	
_	ty & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23 Zi	n	Country	Zip Counti			,		Trust Fund Contribution			
24	Ρ	25 29 30			J ()	a. This corporation of the para the carrent y				tangibie ☑No	
	9. Nan	ne and Address of Current		1001	<u> </u>			10. Name and Address of New R			Y
	BEDZOW, M	MICHAEL.			81	Name					
	20803 BISC				62	Street /	Addres	ss (P.O. Box Number is Not Accepta	blei		
	SUITE 200										
	AVENTURA	FL 33180			83	i					
					84	City			FI	85 Zip	Code
11. F	Pursuant to the prov	visions of Sections 607.0502	2 and 607.1508, Florid	ia Statutes, the	 Bbove	l e-named	corpor	ration submits this statement for the			ts registered
8	office or registered : agent. I am familiar	agent, or both, in the State owith, and accept the obligation	of Florida. Such chan tions of, Section 607,	ge was authoriz 0505, Florida St	ed by atute:	y the corp s.	oratio	ration submits this statement for the n's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGN	ATURE				_						
12.	Signature, typ	oed or printed name of registered agen OFFICERS AND		(NOTE: Registe		ant signature	required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AN	ID DIRECTOR	RS IN 12
TITLE	PST	OF TOETO MAL	DE		TITLE	T		NODITION OF PRINCIPAL TO OUT I	20107	Change	Addition
NAME BLOOMBERG, LAWRENCE S.					1.2 NAME					•	_
STREET ADDRESS 2 FIRST CANADIAN PL.			1.3 ST			ADDRESS					
CITY-S		NTO, ONT, CA		1.4	CITY - S	ST-ZIP					
TITLE	D		☐ DE	LETE 2.1	TITLE					Change	Addition
NAME		MBERG, LAWRENCE S.		2.2 NA							
STREET ADDRESS 2 FIRST CANADIAN PL			2.3 ST			ADDRESS					
CITY-S	T-ZIP TORO	NTO, ONT, CA			CITY-S	ST-ZIP					
TITLE	J		☐ DE		TITLE					Change	Addition
NAME					NAME						
	ADDRESS					ADDRESS					
CITY-S TITLE	1-214		☐ DE		CITY-S THILE	or-ZIP				Change	Addition
NAME					NAME					Change	FT Modifica
	ADDRESS					ADDRESS					
CITY-S					CITY-S	i i					
TITLE	1:4/		☐ DE		TITLE	4 - EH				Change	☐ Addition
NAME			,		NAME	j				~ ·	<u> </u>
	ADDRESS			1		ADDRESS					
CITY-S					CITY-S						
TITLE			DE DE		TITLE					Change	Addition
NAME				6.2	NAME						
STREET	ADDRESS			6.3	STREET	ADDRESS					
CITY-S	T-ZIP			6.4	CITY-S	T-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 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 attachnion with an address.

SIGNATURE:

I an venue Blo