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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F19710

(5)

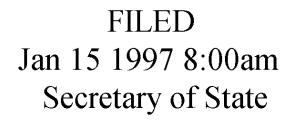
HARRY W. ARNOLD, INC.

Principal Place of Business

Mailing Address

1380 SW 55 AVENUE PLANTATION FL 33317

1380 SW 55 AVENUE PLANTATION FL 33317-5319



3a. Date of Last Report

01/25/1996



3. Date Incorporated or Qualified

02/13/1981

2. Principal Place of Business		28. Mailing Address			4. FEI Number	Applied	
21		26			59-2283340	Not App	
Suite, Apt. # etc 22		Suite, Apt #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State 23		City & State	├¬ ′		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country	Z _i p	Country	,	8. This corporation has liability for intang		
24	25	29	30			s 🔲 No	
	9. Name and Address of Currer	t Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registe	red Agent	
ARI	NOLD, HARRY W		81	Name			
1380 S.W. 55 AVE. PLANTATION FL 33317				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		85 Zip Code	
			04	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida St	atutes, the above	e-named corp	poration submits this statement for the purpo	se of changing its regi	istered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change wattons of Section 607,0505	as authorized by Florida Statute	y the corpora	tion's board of directors. I hereby accept the	appointment as regist	itered
~	are terrificial with a concept the cong	anona or, becarair bar.0303	, i londa otaldie.	<i>3</i> .			
SIGNATURE	Say white typed or printed have of highland age	ort and till of approable ((NOTE Registered Age	ent signature requ	red when reinstating) DA	ATE	
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	12
TILE	DPT	DELETE	1 1 TITLE			Change	Addition
NAME	ARNOLD, HARRY W.		1.2 NAME				
STREET ADDRESS	1380 S.W. 55 AVE.		1 3 STREET	ADDRESS			
CITY - ST - ZIP	PLANTATION FL		14 City-5	ST-ZIP			
TIME	DVS	DELETÉ	2 1 TITLE			Change	Addition
NAME	MATHESON, MARCIA L		2.2 NAME				
STREET ADORESS	1401 S.W. 55 AVENUE		23 STREET	ADDRESS			
CITY - ST - ZIP	PLANTATION FL		2 4 CITY-	ST-ZIP			
TiTLE		DELETE	3 1 TITLE			☐ Change ☐	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
C-TY - ST - ZIP			3.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
C:TY - ST - ZIP			4.4 CITY - S	ST-ZIP			
TIFLE		DELETE	5.1 TITLE		***************************************	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
C/TY-ST-7/P			5.4 CITY - S	ST - ZIP			
THTLF		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	1 ADDRESS			
CITY-ST-7IP			6.4 CITY - S				
14. I do here	by certify that the information supplie	d with this filing does not q	uality for the exe	emption state	d in Section 119.07(3)(i), Florida Statutes. I fi	urther certify that the	
intormati Lam an e	on makated on this annual report or s officer or director of the carporation of	supplemental annual report The receiver or trustee em	is true and acci powered to exer	urate and tha cute this reno	nt my signature shall have the same legal effect ort as required by Chapter 607, Florida Statut	ct as if made under or es: and that my name	ath; tha
appears	in Block 12 or Block 13 if changed, o	on an attachment with an	addrese:		///	and the second control to the control	