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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F61564

ARNOLD'S R.C., INC.

Principal Place of Business Mailing Address								
12490 NORTHWEST 7TH AVENUE P.O. BOX 491								
MIAMI FL 33168 MIAMI US			IAM) FL 33168-0491				DO NOT WRITE IN THIS SPACE	
]		00					3. Date Incorporated or Qualifed	
1							01/08/1982	
2. Principal Place of Business 2a. Mailing Address						***	4. FEI Number Applied For	
				_			59-2152838 Not Applicable	
21							\$8.75 Additional	
			Julie, Apr. #, 010.				5. Certifcate of Status Desired Fee Required	
			City & State	State			6. Election Campaign Financing 55.00 May Be	
			City & State				Trust Fund Contribution Added to Fees	
23	Country		lip	Cou	ntn		This corporation owes the current year Intangible	
Zip	— ' '		uρ	30	,		Personal Property Tax.	
24	25	29		30			10. Name and Address of New Registered Agent	
<u> </u>	9. Name and Address of Curre	int Registe	rea Agent		81	Name	10. Name and Address of New Registered Agent	
101	IOLO WAYNE E				01	Name		
ARNOLD, WAYNE E. 82 S					Street Add	dress (P.O. Box Number is Not Acceptable)		
13001 S W 14TH PLACE								
DAVIE FL 33325					83			
					-	City.	85 Zip Code	
					84	City	FL [83] Zip Code	
11 Dureuant	to the provisions of Sections 607.05	02 and 607	1508 Florida Statu	tes the a	have	e-named cor	rooration submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State	e of Florida	Such change was a	authorized	by	the corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the oblig	jations of, S	Section 607.0505, Flo	orida Stati	ıtes	i.		
SIGNATURE							red when reinstating) DATE	
	Signature, typed or printed name of registered ag				Ager	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS A	ND DIREC		13.			Change Addition	
TITLE	DVS DELETE			1.1 TITLE		Criange Addition		
NAME	ARNOLD, WAYNE E			1.2 N	ME		·	
STREET ADDRESS	12490 NW 7TH AVENUE		•	1.3 ST	REE	TADDRESS		
CITY-ST-ZIP	MIAMI FL		_	1.4 CF	ry-s	T-ZIP		
TITLE	DPT □ DELETE		2.1 TF	2.1 TITLE		☐ Change ☐ Addition		
NAME	ARNOLD, WAYNE E.		2.2 NA	2.2 NAME				
STREET ADDRESS				~ 2.3 ST	REE	T ADDRESS		
1	MIAMI FL				2.4 CITY-ST-ZIP		•	
TITLE	DELETE				3.1 TITLE		☐ Change ☐ Addition	
1			1	3.2 NAME		_ · · _		
NAME				4		TARRESCO		
STREET ADDRESS	·					TADDRESS	T	
CITY-ST-ZIP						ST-ZIP	☐ Change ☐ Addition	
ΠΤLE			☐ DELETE	4.1 TT	ΙĘ		Change Addition	
NAME		•		4. 2 N	AME			
STREET ADDRESS				4.3 ST	REE	T ADDRESS		

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 suppliemental 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRE

STREET ADDRESS

CITY-\$T-ZIP

TITLE

NAME

TITLE

NAME

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4-19-99 Date /-3o5- 681-534L

Change

☐ Change

Addition

☐ Addition

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90160 034 ***150.00

CR2E034 (11/98)