

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:42

DOCUMENT # F93000001408 (4)

1. Corporation Name

ARK ENERGY, INC.

Principal Place of Business

Mailing Address

~~1007 S. RANDOLPH~~ **3750 JONES BLVD** ~~1007 S. RANDOLPH~~ **3750 JONES BLVD**
~~4000~~ **12** ~~4000~~ **12**
~~LAS VEGAS NV 89103~~ **LAS VEGAS NV 89103**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1993

3e. Date of Last Report

04/15/1994

4. FEI Number

88-0291858

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3750 JONES BLVD

2a. Mailing Address

26 3750 JONES BLVD

Suite, Apt. #, etc.

22 12

Suite, Apt. #, etc.

27 12

City & State

23 LAS VEGAS NV

City & State

28 LAS VEGAS NV

Zip

24 89103

Country

25 USA

Zip

29 89103

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
KLANN, ARNOLD R
23046 AVENIDA DE LA CARLOTA (S-400)
LAGUNA HILLS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
SIDERWICZ, WILLIAM
23046 AVENIDA DE LA CARLOTA (S-400)
LAGUNA HILLS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSD
CONFAIR, L C
23046 AVENIDA DE LA CARLOTA (S-400)
LAGUNA HILLS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VT
STRUBE, JACK D
23046 AVENIDA DE LA CARLOTA
LAGUNA HILLS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
WILLIAMS, ANTHONY J
23046 AVENIDA DE LA CARLOTA (S-400)
LAGUNA HILLS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
SIDERWICZ, WILLIAM
23046 AVENIDA DE LA CARLOTA (S-400)
LAGUNA HILLS CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**3750 JONES BLVD - NO 12, LAS VEGAS
NV 89103**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**3750 JONES BLVD. NO 12
LAS VEGAS NV 89103**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**3750 JONES BLVD NO 12
LAS VEGAS, NV 89103**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**3750 JONES BLVD NO 12
LAS VEGAS NV 89103**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**3750 Jones Blvd., No. 12
Las Vegas, NV 89103**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Jack D. Strube

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK D. STRUBE, VICE PRESIDENT

Date

3-22-95

(762) 221-0020

Official Fee