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

**PROFIT** May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G08975 (6)ARCUS INVESTMENTS, INC. Principal Place of Business Mailing Address 1520 NW 107 DRIVE 1520 NW 107 DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1982 Principal Place of Business 2a. Mailing Address Applied For 26 65-1034449 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FORBES, CARLTON G. 1520 NW 107 AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 Zip Code 07.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered is Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered age agent. I am familiar with SIGNATURE (NOT) Registered Agent signature required when reinstating) and the diapple able 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 PTS DELETE TITLE 1.1 TITLE Change Addition FORBES, CARLTON G. NAME 1.2 NAME STREET ADDRESS 1520 NW 107 DRIVE 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiE DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELFTE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - Z(P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 goal ver or true component to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

ver or trustee empt

Block 12 or Block 13 if change

SIGNATURE:

**FILED**