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

1999

DOCUMENT # G25356

1. Corporation Name
ARNOLD-SAKOWICZ GROUP, INC.

Principal Place of Business 7849 FARTWAY DRIVE. #110 -MIAMI LAKES FL 33014 Mailing Address

7840 FAIRWAY DRIVE #110 -MIAMI LAKES FL 33014 US FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90027 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/24/1983

| 2. Principal Pla | ace of Business | 2a: Mailing Address | | A | 1 - −4. F | El Number | - | ~ Ap | plied For |
|---------------------------------------|---|--|-------------------|---|------------------------------|--|---------------------------|---------------------------------|------------------------|
| 11480 | FAIRWAY ARIVE- #110 | 26 NOTO FAIRW | リハイノス | rive-A | 110 | 59-2343584 | • | No | t Applicable |
| Suite, Apt. # | | Sulite, Apt. #, etc. | | / | | Certificate of Status Desired | | \$8.75 A | |
| 2 City 8 State | | City & State | | | - | Lostion Compaign Financing | | \$5.00 | May Bo |
| 3 28 | | | | | | Election Campaign Financing Frust Fund Contribution | Added to Fees | | |
| Zip | · Country | Zip | Coun | try | 8. 1 | This corporation owes the curr | ent year In | | X |
| 7 | | | 30 | | | Personal Property Tax. | | ☐Yes | No |
| | 9. Name and Address of Current i | Registered Agent | | 81 Name | 10. 1 | Name and Address of New F | Registered | Agent | |
| sakowicz, kenneth g | | | | | Address /D (| 2. Boy Number is Not Assent | able) s | + 40 | |
| -7940 FAIRWAY DRIVE, #110- | | | | 82 Street Address (B.O. Box Number is Not Acceptable) - # 110 | | | | | |
| MIAMI LAKES FL 33014 | | | | 83 / 700 / 1700 | | | | | |
| | | | | 84 City | | | FL | 85 Zip (| |
| office or re | to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation | Florida, Such change was a | autnorized | by the corpor | corporation oration's boa | submits this statement for the ard of directors. I hereby accep | purpose of ot the appo | f changing its intment as re | registered gistered |
| SIGNATURE . | I Stgnature, typed or printed name of registered agent a | nd title if applicable. (NOTI | E: Registered / | gent signature rec | equired when rein | nstating) | DATE | | |
| 12. | OFFICERS AND | | 13, | <u> </u> | Al | DDITIONS/CHANGES TO OF | FICERS A | ND DIRECTO | RS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 1111 | E | | | | Change | Addition |
| NAME | ARNOLD, WAYNE E | | 1.2 NA/ | AE . | | | | | ĺ |
| STREET ADDRESS | 13001 SW 14 PL | | 1.3 STF | EET ADDRESS | | | | | |
| | DAVIE FL 33325 | | | 1.4 CITY-ST-ZIP | | | ſ | | |
| CITY-ST-ZIP TITLE | SD DELETE | | 2.1 TITI | | | | | Change | ☐ Addition |
| NAME | SAKOWICZ, KENNETH G | | 2.2 NA | AF I | | • | | | مر |
| STREET ADDRESS | 7840 PAIRWAY DRIVE, #110 | | 1 | FET ADDRESS | 7480 | FAIRWAY A | RIVE | -#-// | |
| 1 | MIAMI LAKES FL 33014 | | ~ | Y-ST-ZIP | 1100 | <i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i> | | |] |
| CITY-ST-ZIP TITLE | MININE BACES TE SOSTI | ☐ DELETE | 3.1 111 | | | | | Change | ☐ Addition |
| | | | 3.2 NA | | | | | | |
| NAME | | | | REET ADDRESS | | | | | |
| STREET ADDRESS | • | | | | | | | | ļ |
| CITY-ST-ZIP | | □ DELETE | 4.1 TIT | Y-ST-ZIP | | | | Change | Addition |
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| NAME | | | | | | | | | |
| STREET ADDRESS | : | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | | Y-ST-ZIP | | | | Change | Addition |
| πιε ₊∫ | | □ nere;e | 5.1 TIT 5.2 NA | | | | | | |
| NAME | - | | | REET ADDRESS | | | | | |
| STREET ADDRESS | | | 1 | | | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 6.1 TIT | ļ | | | | □ cualide | C) Addison |
| NAME | | | 6.2 NA | | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | | • | |
| CITY-ST-ZIP _ | | | | Y-ST-ZIP | | | | 115 At - 4 11 1 | |
| | | serie delle a december a la contide de | tha a | antion atotad | Lin Cootion | 119 07(3)(i) Florida Statutes | I TURBOT CO | miry that the i | momailor |

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, an anticomment with an address, with all other like empowered.

SIGNATURE:

SAKOWICS 26 MAKILGY JOS 823887,

XZEU34 (11/90)