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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **G70439**

1. Corporation Name

THE NEW ARA COMPANY, INC.

	,							
Principal Plac	e of Business	Mailing Address			-		1 81811 21817 818	.41 01811 01841 1801
40 NW 14TH STREET		C/O ROSLYNE J. FIS	C/O ROSLYNE J. FISCHER					
346 N.W. 17TH STREET			346 N.W. 17TH STREET		DO NOT WRITE IN THIS SPACE			
HOMESTEAD FL 33030 HOMESTEA		HOMESTEAD FL 3303	EAU FL 33000		_	3. Date Incorporated or Qualifed		
.00,						11/16/1983		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2343440		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired	¥	5 Additional
22	·	27				3. Controlle of Glades Decirco	Fee	Required
City & Stat	e ·	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country Zip			Country		8. This corporation owes the current year Intangible		
24]	25]	29	30			Personal Property Tax. 10. Name and Address of New Registere	 -	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registers	a Agent	
FISC	CHER, ROSLYNE J.							
346 N.W. 17TH STREET				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	MESTEAD FL 33030			83				
		•		Ш	•			
	,			84	City	F	85 Z	ip Code
11 Pureuant	to the provisions of Sections 607.05	502 and 607 1508 Florida S	Statutes, the a	bove	a-named corp	oration submits this statement for the ourpose	of changing	its registered
office or I	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change v	vas authorized	3 DV 1	the corporation	on's board of directors. I hereby accept the app	ointment as	registered
agent. I a	im familiar with, and accept the oblig	gations or, Section 607.0303	o, rionda siai	ulcs.	•			
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered	Ageni	t signature require	d when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELET	TE 1.1 Π	TLE			Chang	ge 🗌 Addition
NAME	FISCHER, ROSLYNE J		1.2 N	AME				! '
STREET ADDRESS	346 N W 17TH ST		1.3 \$	TREET	ADDRESS			1
CITY-ST-ZIP	HOMESTEAD FL			ITY-ST	r-zip			- O A 4 4 ist
TITLE		☐ DELE			_			ge 🔲 Addition 📔
NAME -			2.2 N	A 6 65	- L		Chang	
STREET ADDRESS				AMC			Chang	
CITY-ST-ZIP			2.3 5		ADDRESS	a malada	☐ Chanş	
TITLE			2.40	TREET				t
NAME	, , , , , , , , , , , , , , , , , , ,	☐ DETE	2.40 TE 3.1 TI	TREET CITY-S'			Chang	t
STREET ADDRESS	,	□ DELE	2.40 TE 3.1 TI 3.2 N	TREET CITY-S' TILE AME	T-ZIP	- M. L		t
STREET ADDRESS	·	☐ DELE	2.40 TE 3.1 TI 3.2 N 3.3 S	TREET SITY-S' TLE AME TREET	T-ZIP ADDRESS			t
CITY-ST-ZIP			2.40 FE 3.1 TI 3.2 N 3.3 S 3.4.0	TREET CITY-S' TILE AME TREET CITY-S'	T-ZIP ADDRESS		☐ Chanç	ge Addition
CITY-ST-ZIP		☐ DELE	2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C TE 4.1 TI	TREET CITY-S' TILE TREET CITY-S' TILE	T-ZIP ADDRESS	- 13.22		ge Addition
CITY-ST-ZIP TITLE NAME			2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C TE 4.1 TI 4.2 N	TREET OTLE AME TREET OTTY-S' TILE LAME	T-ZIP ADDRESS T-ZIP		☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.40 31 Ti 32 N 33 S 34.0 TE 4.1 Ti 4.2 N 4.3 S	TREET THE TREET THE THE TREET THE TREET THE TREET	T-ZIP ADDRESS T-ZIP T ADDRESS		☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELE	2.4C 3.1TI 32 N 3.3 S 3.4.C TE 4.1 TI 4.2 N 4.3 S 4.4 C	TREET THE TREET THE TREET THE TAME TREET THE TREET	T-ZIP ADDRESS T-ZIP T ADDRESS		☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.4C 31TI 32 N 33 S 34.C 41TI 4.2N 4.3S	TREET OTT-S TREET OTT-S TREET VAME TREET TREET TREET	T-ZIP ADDRESS T-ZIP T ADDRESS		☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELE	2.4C 3.1TI 32 N 3.3 S 3.4.C 4.1 TI 4.2 N 4.3 S 4.4 C TE 5.1 TI 5.2 N	TREET THE TREET TREET TREET TREET THE TREET TREET TTY-ST TILE TTY-ST TILE TTY-ST TILE TTY-ST TILE AME	T-ZIP ADDRESS T-ZIP T ADORESS T-ZIP		☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELE	2.4C TE 31TI 32N 3.3S 3.4.C TE 4.1TI 4.2N 4.3S 4.4C TE 5.1TI 5.2N 5.3S	TREET TITE THE TREET TREET TITE THE TREET TITE TITE TITE TITE TITE TITE TI	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELE	2.4C 3.1TI 32 N 3.3S 3.4.C TE 4.1TI 4.2N 4.3S 4.4C TE 5.1TI 5.2N 5.3S 5.46C	TREET TILE AME TREET TILE LAME TREET TILE LAME TREET TILE AME TREET TILE AME TREET	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELE	2.4C 3.1TI 32 N 3.3S 3.4.C TE 4.1TI 4.2N 4.3S 4.4C TE 5.1TI 5.2N 5.3S 5.46C	TREET TITE AME TREET TITE WAME TREET TITE TITE TITE TITE TITE TITE TI	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Chang	ge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELE	2.4C TE 31TI 32N 3.3S 34.C TE 4.1TI 4.2N 4.3S 4.4C TE 5.1TI 5.2N 5.3S 5.4C TE 6.1TI 6.2N	TREET TREET TILE AME TREET TILE TREET	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Chang	ge Addition

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 supplemental annual report is rue 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 trusted impowered to execute this report as required by Chapter 697. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, er on appears with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE