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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G76161**

(0)

1. Corporation Name
ARFLIN PROMOTIONS, INC.



Principal Place of Business
**% WILLIAM C. ARFLIN, JR.
290 PARK AVENUE
SATELLITE BEACH FL 32937**

Mailing Address
**% WILLIAM C. ARFLIN, JR.
290 PARK AVENUE
SATELLITE BEACH FL 32937-3017**

3. Date Incorporated or Qualified
12/22/1983

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARFLIN, WILLIAM C. JR.
290 PARK AVENUE
SATELLITE BEACH FL 32937**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
ARFLIN, WILLIAM C JR
STREET ADDRESS
290 PARK AVE
CITY-ST-ZIP
SATELLITE BCH, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ARFLIN, DARLENE
STREET ADDRESS
290 PARK AVE
CITY-ST-ZIP
SATELLITE BCH, FL 00000

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ARFLIN, DARLENE
STREET ADDRESS
290 PARK AVE
CITY-ST-ZIP
SATELLITE BCH, FL 00000

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ARFLIN, DARLENE
STREET ADDRESS
290 PARK AVE
CITY-ST-ZIP
SATELLITE BCH, FL 00000

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ARFLIN, DARLENE
STREET ADDRESS
290 PARK AVE
CITY-ST-ZIP
SATELLITE BCH, FL 00000

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ARFLIN, DARLENE
STREET ADDRESS
290 PARK AVE
CITY-ST-ZIP
SATELLITE BCH, FL 00000

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ARFLIN, DARLENE
STREET ADDRESS
290 PARK AVE
CITY-ST-ZIP
SATELLITE BCH, FL 00000

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE: *William C. Arflin Jr.* **WILLIAM C. ARFLIN JR.** 5 MAR 97 407-777-3058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0104403

CR2E034 (9/96)