


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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90041 004 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # G76161 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 | |
| 2. Principal Place of Business 21 1621 W. RIVERSIDE DR Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 1621 W. RIVERSIDE DR Suite, Apt. #, etc. 27 | 3. Date Incorporated or Qualified 12/22/1983 | |
| 23 MELBOURNE FL City & State 24 32935 25 US Zip Country | 28 MELBOURNE FL City & State 29 32935 30 US Zip Country | 4. FEI Number 59-2367580 | Applied For Not Applicable |
| 9. Name and Address of Current Registered Agent ARFLIN, WILLIAM C. JR. 290 PARK AVENUE SATELLITE BEACH FL 32937 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 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. | | 10. Name and Address of New Registered Agent | |
| SIGNATURE <i>William C. Arflin Jr</i> WILLIAM C. ARFLIN JR 21 Jan 99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1621 W. RIVERSIDE DR. 83 84 City MELBOURNE FL 85 Zip Code 32935 | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | DP ARFLIN, WILLIAM C JR 290 PARK AVE SATELLITE BCH, FL 00000 | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | 1621 W. RIVERSIDE DR MELBOURNE, FL 32935 |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | DST ARFLIN, DARLENE 290 PARK AVE SATELLITE BCH, FL 00000 | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | 1621 W. RIVERSIDE DR MELBOURNE, FL 32935 |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
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| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |

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 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, with all other like empowered.

SIGNATURE: *William C. Arflin Jr* **WILLIAM C. ARFLIN JR.** **21 Jan 99** **407-254-6329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)