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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J30203

(0)

ARS GRATIA AURI, INC.

FILED Jun 09 1997 8:00am Secretary of State



Principal Place of Business 1901 NORTH ATLANTIC BOULEVARD FORT LAUDERDALE FL 33305 USA		Mailing Address C/O GRUBER AND ABSOC P.A. 1650 SOUTHEAST 17TH ST. 230111111111111111111111111111111111111			
				3. Date Incorporated or Qualified 08/25/1986	3a. Date of Last Report 04/08/1996
	ace of Business	2a. Mailing Address	1 m (m	4. FEI Number	Applied For
21	11 -42		A-DASSOCIATES F.	(/) 59-2716047	Not Applicable
Suite, Apt. (#, e(c.	Suite, Apt. #, etc.	or Ind clour Sun	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	al INC THEST 30	6 Floation Compaign Financing	
23	,	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25 US A	29	A20 Ost		Yes □ No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Ne	stered Agent
	ER, WILLIAM M. 🔪		81 Name		
1650	AGRUBER AND ASSOC. P.A. SOUTHEAST 17TH STREET, T LAUDERDALE FL 33316-1-		82 Street Add 83 City	dress (P.O. Box Number is Not Acceptable VBGR AND ASSOCIATE	5, P.A. SUITE 307 FL B5 Zip Code 83316-7731
office or re	o the provisions of Sections 607.6 agistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa	is authorized by the corpora	rporation submits this statement for the pi ation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE .	Claration	Land and the Manufacture Control (0)	OTC D. Carrier of A. Carrier of Control	Condition of Division (co.)	DATE
	Signature, typed or printed name of registered OFFICERS		IOTE: Registered Agent signsture requ		DATE CORS IN 12
SIGNATURE 12. TITLE		agont and title if applicable (N AND DIRECTORS DELETE	OTE: Registered Agent signature requi	nired when relinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12.	OFFICERS	AND DIRECTORS	13.		ERS AND DIRECTORS IN 12
12. TITLE	OFFICERS DPST REITER, WILLIAM M. 1901 NORTH ATLANTIC BO	AND DIRECTORS DELETE	13. 1.1 TITLE		ERS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS DPST RETTER, WILLIAM M.	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS IN 12
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rinomation indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under o Lam 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 pn an attachment with an address.