

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J30203

1. Corporation Name

ARS GRATIA AURI, INC.

Principal Place of Business

1901 NORTH ATLANTIC BOULEVARD 422 WEST
FORT LAUDERDALE FL 33305-7003 THIRD
US ANACONDA MT 59711

Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET SUITE
FORT LAUDERDALE FL 33316-1735 USA

2. Principal Place of Business

422 WEST THIRD

2a. Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ANACONDA, MT

City & State

SUITE 301

Zip

59711

Country

USA

Zip

USA

Country

USA

9. Name and Address of Current Registered Agent

REITER, WILLIAM M.
C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1986

4. FEI Number

59-2716047

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

X Yes

□ No

10. Name and Address of New Registered Agent

81 Name

REITER, WILLIAM M.

82 Street Address (P.O. Box Number is Not Acceptable)

422 WEST THIRD

OK AS SHOWN

83

84 City

ANACONDA

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

X

422 WEST THIRD

ANACONDA, MT 59711

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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Change 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/99

954 522-2222

CR2F034 (1/98)

