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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:43

DOCUMENT # J71185 (9)

1. Corporation Name

FLORIDA A. R. INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**GLADES BLDG., SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST PETERSBURG FL 33702**

**C/O ERNEST L. MASCARA
POST OFFICE BOX 22095
ST. PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/05/1987** 3a. Date of Last Report **03/10/1994**

4. FEI Number **59-2892322** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

**MASCARA, ERNEST L.
877 EXECUTIVE CENTER DRIVE WEST
GLADES BLDG., STE. 303
ST PETERSBURG FL 33702**

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

Ernest L. Mascara

ERNEST L. MASCARA

3/12/95

(Signature, type or printed name of registered agent and date of signature)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST**
NAME **IMAM, ABDURRAHIM**
STREET ADDRESS **355 BROWNING PLACE**
CITY - ST - ZIP **WATERLOO, ONTARIO**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VP**
NAME **PETERS, MCKAY**
STREET ADDRESS **6294 BAHIA DEL MAR, #113**
CITY - ST - ZIP **ST. PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **V**
NAME **MASCARA, ERNEST L.**
STREET ADDRESS **877 EXECUTIVE CENTER DRIVE WEST #303**
CITY - ST - ZIP **ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 authorized 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 this report).

SIGNATURE:

Mckay Peters

V.P.

3/12/95 (813) 535-5550

(Signature and typed or printed name of signing officer or director)

Date

(Signature/Phone #)

MCKAY PETERS