FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K45602** **(5)**

1. Corporation Name

ARIANNE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O ROBERT K. MILLER 2975 OVERSEAS HWY MARATHON FL 33050	C/O ROBERT K. MILLER 2975 OVERSEAS HWY MARATHON FL 33050

2. Principal Place of Business
21 145 Bayshore Drive
Suite, Apt. #, etc.
22
City & State
23 Destin, FL
Zip 24 32641 Country 25 USA

2a. Mailing Address
26 145 Bayshore Drive
Suite, Apt. #, etc.
27
City & State
28 Destin, Fl.
Zip 29 32541 Country 30 USA

3. Date Incorporated or Qualified: **11/16/1988**
3a. Date of Last Report: **06/15/1995**
4. FEI Number: **65-0104135** ☐ 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

9. Name and Address of Current Registered Agent

MILLER, ROBERT K.
2975 OVERSEAS HWY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: William Person
82 Street Address (P.O. Box Number is Not Acceptable): 145 Bayshore Drive
83
84 City: Destin FL 85 Zip Code: 32541

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 William Person [signature] DATE 4-7-96
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PERSON, WILLIAM C.		1.2 NAME	
STREET ADDRESS	95 COCO PLUM DR UNIT 3-A		1.3 STREET ADDRESS	145 Bayshore Drive
CITY-ST-ZIP	MARATHON FL		1.4 CITY-ST-ZIP	Destin Fl. 32541
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PERSON, LINDA L.		2.2 NAME	
STREET ADDRESS	95 COCO PLUM DR UNIT 3-A		2.3 STREET ADDRESS	145 Bayshore Drive
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP	Destin, FL. 32541
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 119.07(3)(k), 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. Person [signature] 4-7-96 904-654-4861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)