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

PROFIT CORPORATION ANNUAL REPORT 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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97 JUL 18 PM 3:53

DOCUMENT # K96279 1. Corporation Name A.R.C. FINANCIAL GROUP, INC						SECRLIVARY OF STATE TALL ABASSEE FLORIDA				
						IALL:	vrass	i.t. FLOR	ADI.	
Principal Plac	ce of Business	Mailing Address	······································							
3011	IONY POINT CIRCLE	900 calon	y Am	it c	IRC/e					
	He Pines, FL 33120	_	r			1	3a. D	ate of Last Ro	port	
2. Principal P	Place of Business	2a. Mailing Address				4. FEJ Number 2000	24	App	plied For	
21		26				4. FEI Number ORUNDS	21	No:	Applicable	
Suite, Apt.	. #, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 A		
22 City & Stat	le	City & State	· · · · · ·			C Clastica Compaign Financia	- -	Fee Rec		
23]		28				6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 (Added to		
Zip	Country	Ζιρ	Cour	ntry		8. This corporation has liability for	intangible			
24	25	29	30			1	☐ Yes [_		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent		
Rock	1N, P.			B1 N	ame					
-	e 310		1	82 S	lreet Addro	ss (P.O. Box Number is Not Accepta	ible)			
3011	COLONY POINT CI	prie	<u> </u>	B3	.					
900	C010NY 101N1 = 12	1 2 20 26	[03						
Pem	BROKE PINES, F	, ,,,,,,,	[4	B4 C	ity		FL	85 Zip C	ode	
office or a	to the provisions of Sections 607.0502 registered agent or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	authorized	by the	med corpo corporation	oration submits this statement for the on's board of directors. I hereby acce	ourpose o	changing its pointment as r	registered egistered	
SIGNATURE		,,,,,,								
	Signature, typed or printed name of registered ager			Agent s	gnature required	d when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE NAME	0.54 P	_	1.1 TITL 1.2 NAM					L Change	☐ Addition	
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NAME CTREET ADDRESS			62 NAM 62 STO	AE EET ADD	prec					
STREET ADDRESS CITY-ST-ZIP				eli adu 7 - ST- Zii						
14. 1 do here	I by certify that the information supplied		y for the e	xemp	on stated					
Lam an o	on indicated on this annual report or si officer or director of the corporation or in Block 12 or Block 13 if changed, or	he receiver or trustee empow	ered to ex	courati coule	and that r this report	ny signature shall have the same leg as required by Chapter 607, Florida	al effect as Statutes la	if made und nd that my ria	er oath; that ame	



PALM BEACH VINTAGE PROPERTIES, INC.,

SUITE 310 900 COLONY POINT CIRCLE PEMBROKE PINES, FL., 33026 561-743-3309

Dept. of State Annual Reports P.O. Box 6327 Tallahassee, Fl., 32314

Dear Sir/Madam:

Enclosed please find three annual reports for the respective corporations as well as the necessary fees. We never received the pre-printed forms and we apologize for the error. When we called for status we were mailed these reports and told how to file. Thank you.

Sincerely,

Rory Rohan