

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L12738 (5)
1. Corporation Name
ARNHOFF, INC.

Principal Place of Business
4900 CYPRESS LINKS BLVD
ELKTON FL 32033
US

Mailing Address
65 LEMON ST
ST. AUGUSTINE FL 32086-32686
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 890 Oak Ridge Road		08/31/1989	
22 City & State		27 St Augustine, FL		4. FEI Number	
23 Zip		29 32086-5364		59-2967802	
25 Country		30 U.S.A.		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PELLICER, CHARLES E. 28 CORDOVA STREET ST. AUGUSTINE FL 32084				81 Name Jeff Arnold	
				82 Street Address (P.O. Box Number is Not Acceptable) 890 Oak Ridge Road	
				83	
				84 City St Augustine FL 85 Zip Code 32086-5364	

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, to 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

(NOT Registered Agent signature required when reinstating)

DATE

1/28/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	ARNOLD, Jeff	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, JEFF		1.2 NAME		
STREET ADDRESS	65 LEMON STREET 890		1.3 STREET ADDRESS	890 Oak Ridge Rd.	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32086-5364	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	Arnold, Jennifer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, JENNIFER		2.2 NAME		
STREET ADDRESS	65 LEMON STREET		2.3 STREET ADDRESS	890 Oak Ridge Road	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	ST AUGUSTINE FL 32086-5364	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 a address.

SIGNATURE V. J. Arnold 1/28/98 1/98 899-6930

CP2E034 (10/97)