SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 16 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation	AR ENTERPRISES INC.	' (/)			F 28011011 001 (1000 1110) 01110 (1010)	(181 2161) 2483) 81811 81811 8181	14 8 18 11 18 18
50 00 00							
Principal Place of Business Mailing Address					i ighilati shi iliba tilih ibibi i	.484 81841 81817 VIDIL VIDIL KIRI	# 11001 (Q):
		521 LAKE AVENUE. #1 S9	AVENUE. #1				
DELRAY BCH FL 33483		LAKE WORTH FL 33460				E IN THIS SPACE	
U\$		US			3. Date Incorporated or Qualified	3a. Date of Last Re	port
2 Principal P	Place of Business	A Maria Adama			09/05/1989 4. FEI Number	07/12/1996	
2. Principal P	'lace or Business	2a. Mailing Address	-	Uwv			plied For
Suite, Apt. #, etc.		26 1524 5 FRORMAL HWY Suite, Apt. #, etc.		65-0192272	\$9.75 A	Applicable	
22		27		5. Certificate of Status Desired	Fee Red		
City & Stat	e	City & State	0		6. Election Campaign Financing	\$5.00	
23		28 DECRAY !			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip 29 33483	Country	t	8. This corporation owes or has pa		
24	25 9, Name and Address of Currer		30		Personal Property Tax due June 10. Name and Address of New Re		No
RC	RISSON, DALE J.	11 11 2 - 11 - 11 - 11 - 11 - 11 - 11 -	81	Napag			
	29 ST. ANDREWS DR.		-	USC	AR ZIMHERMAN dress (P.O. Box Number is Not Acceptate		
	DYNTON BEACH FL 33436		82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
			83	441	21 50 10 74 201		
			84	City	OI SANCTUARY	B5 Zip C	ode -
				・ノンレ		- FL 2カ	431
office or r	regi ste red agent, or both, in the State	of Florida. Such change was a	authorized by	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its	registered egistered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes	3.		of the appearance in	by.ot o z
SIGNATURE	Signature, typed or printed name of registered ago	and and title if anotherable (NOT)	- Quaistured And	nat anulana tao	uired when roinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	III bigitatulo req	ADDITIONS/CHANGES TO OFFIC		3 IN 12
TITLE	D	DELETE	1.1 TITLE			Change	☐ Addition
NAME	MCKENNA, MICHAEL W.	-	1.2 NAME				
STREET ADDRESS	5328 WOODS WEST DR.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	DELETE		1.4 CITY - ST - ZIP			— — — — — — — — — — — — — — — — — — —	
TITLE NAME	D BRISSON, DALE		2.1 TITLE			☐ Change	
STREET ADDRESS	4129 ST. ANDREWS DR.		2.2 NAME 2.3 STREET	ADDRECC			
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-					
TITLE	D DEL		3.1 TITLE			Change	Addition
NAME	MCKENNA, CHRISTOPHER	~	3.2 NAME				
STREET ADDRESS	9423 NURSERY LANE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	BOYTON BCH FL		3.4. CITY-S	ST - ZIP			
TITLE	DELETE		4.1 THILE	$ \mathcal{P}_{i} $	PREGIOENT PSCAL ZIMMERMAN PYOI SANCTUARY BOCA LATON, FL 3	☐ Change	Addition
NAME CTOCCT ADDRESS			4. 2 NAME		SCAL GIMERMAN		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET	ADDRESS 7	Brio Parad Fi	33431	
TITLE		DELFTE	4.4 CITY - ST 5.1 TITLE	[-ZIP	70CA 2.7/2- 1 C -	Change	Addition
NAME			5.2 NAME			cage	riodition
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1	T-ZIP			
TITLE	DELETE		6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	ay and its that the information as well as	d with this filling does not as all	6.4 CITY - ST		d = 0 = 1 = 440 07(0)() El :: 0		
informatio	n indicated op this appual tebott or s	cundiemental annual report is tri	ue and accu	irate and the	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	d offect as if made unde	or oath: that