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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22601

(3)

ARA ENTERPRISES, INC.

Principal Place	of Business	Mailing Address			
Principal Place of Business Mailing Address  13780 ISHNALA CR.  WELLINGTON FL 33414  Mailing Address  13780 ISHNALA CR.  WELLINGTON FL 33414-78			7847		
				<ol> <li>Date Incorporated or Qualified</li> <li>10/13/1989</li> </ol>	3a. Date of Last Report 08/06/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0147520	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes L  10. Name and Address of New Re	Yes No
500	9, Name and Address of Curre	ur ueðisteten wiletit	81 Name		
13780 ISHNALA CR. WELLINGTON FL 33414  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Zip Code  37 Superior Code  37 Superior Code  38 Superior Code  48 City  49 Superior Code  49 Superior Code  40 Superior Code  41 Superior Code  42 Superior Code  43 Superior Code  45 Superior Code  46 Superior Code  47 Superior Code  48 Superior					
office or re agent. I an	of the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accopt the objections.	$\sim$ $\sim$ $\sim$	HIEN ROCKWE	rk, Rues.	pt the appointment as registered
	Signatore, typed or plinted halve of registered an	pen and title if applicable (NC	TE flegistered Agent signature r	equired while reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change
TITLE	**	N DECEME	1.1 TITLE	President - Allen Rockwert 13780 Ishnaca Welling Ton	Paringe Li Adultion
NAME	ROCKWERK, AMY L 13780 ISHNALA CR.	`	1.2 NAME 1.3 STREET ADDRESS	Allen Rockwer	e & .
STREET ADDRESS	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	13780 J.SANACA	F1. 334/4
CITY-ST-ZIP TITLE	TIELENIGION I C 30111	DELETE	21 TITLE	WEILING IDN	Change Addition
NAME		<del>-</del>	2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		,
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		L DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		U DECERE	5.1 TITLE		Change C Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		Dittell	6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
14. 1 do hereb	y certify that the information supplied	ed with this filing does not qua	lify for the exemption sta	ated in Section 119.07(3)(i), Florida Statut	es. I further certify that the
information	n indicated on this annual report or	supplemental annual report is a the receiver or trustee empe	true and accurate and wered to execute this re	that my signature shall have the same leg eport as required by Chapter 607, Florida	ial effect as if made under oath; that