FILI	E NOW: FILING FEE A	FTER MAY 1ST K	\$ \$550.00	FII	ED
PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		Jan 21 1998 8:00am	
ANNUAL REPORT 1998		Secretary DIVISION OF C		Secretary of State	
DOCU	MENT # L74027	(8)	i	Scoretar	y of State
	AR SHOP, INC.	` '			
Principal Plac	ce of Business	Mailing Address			
% MARGARET W. LUPFER			١.		
KISSIMMEE FL 34741 KISSIMMEE FL 34741			, - ,	DO NOT WRITE IN 3. Date incorporated or Qualified	N THIS SPACE
				05/16/1990	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3013596	Not Applicable
22	<i>"</i> , 610.	27	••	5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid	Added to Fees
24	25		30	Personal Property Tax due June 30), 🗌 Yes 🗎 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent
	PFER, MARGARET W.				<u> </u>
1755 S BERMUDA AVE KISSIMMEE FL 34741			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
	JOHNINEE ! E G !! !!		83		
			84 City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familier with and accept the obligate	and 607,1508, Florida Statutes of Florida, Such change was au ions of Section 607,0505, Flori	s, the above-named corp thorized by the corporat	oration submits this statement for the pur ion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE	Muskull. his		FARET W. L		1/8/98
12,	Signature, typed of printed name of registered agery OFFICERS AND		Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE!
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CITICE	Change Addition
NAME	LUPFER, BRUCE H.		1.2 NAME		
STREET ADDRESS	1755 S BERMUDA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	LUPFER, MARGARET W.		2.2 NAME		_ • -
STREET ADDRESS	1755 S BERMUDA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME			3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	'		4, 2 NAME 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 TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		

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 changes, or on an attachment with an address.

SIGNATURE:

| 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947 - 9432 | 18 | SV | 407 - 947

6.3 STREET ADDRESS

STREET ADDRESS