SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

M96480

(2)

ARACDICANI	PERIMETER	CECHIDITY	INC
AMERICAN	PERIMETER	OFGUNUTE.	IIAC:

6 :		Mailing Address					II BIBLI BIBLI BI	NI <b>4</b> 100		IIII
Principal Place of Business  C/O ANDREW WARTKO P O BOX 618458  ORLANDO FL 32861-5458		Mailing Address  C/O ANDREW WARTKO P O BOX 618458  ORLANDO FL 32861-5458								
					3. Date Incorporated or Qualified 3a. Date of Last Repo 08/30/1988 07/20/1995				1	
2. Principal Place of I	Business	2a. Mailing Address				4. FEI Number		ļ	Applied	
1		26				59-2853491		\$8.7	5 Addit	plicable ional
Suite, Apt #, etc.		Suite, Apt. #, etc				5. Certificate of Status Desired		_	Require	
Ch. & Chate		City & State			6. Election Campaign Financing \$5.00 May B					
City & State		28				Trust Fund Contribution			ed to Fe	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for			ers 199	.032
4	25	29	30			Florida Statutes  10. Name and Address of New R	Yes	No ent		
	Name and Address of Curren	Registered Agent		81	Name	To. Hame and Address of Heist		•		
	, ANDREW			-	Object Andre	Iress (P.O. Box Number is Not Accepta	hla)			
	KE HOWELL ROAD			82	Street Add	Iress (P.O. Box Number is Not Accepta				
SUITE 25				83						
MINIEM	PARK FL 32792			84	City			85	Zip Cod	e
				ì	1	poration submits this statement for the	<u> FL</u>	Ц.		
agent I am fami	iliar with, and accept the obliga	tions of, Section 607.0300, Fi	ionda ota	i Gito G		poration submits this statement to the tion's board of directors. Thereby accelured when registating?	DA'E			
Signatur 12.	re Typed or printed hadre of registered agr OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	ICERS AND			
ITLE PD		DELETE	111	TILE				Cha	nge	Addition
	ARTKO, ANDREW		121	NAME						
	03 BERGENFIELD COURT		13	STREE	T ADDRESS					
CITY-ST-ZIP OF	RLANDO FL 32835				ST-ZIP			T Chi	nge	Addition
TITLE <b>V</b>		DELETE		TITLE			L		g., []	
	EXLEY, ROBERT			NAME	T ADDRESS					
	106 HIGHLAND AVENUE				-ST-ZIP					
TITLE IA	MPA FL 33612	DELETE		TITLE				Ch	inge	Additio
NAME			32	NAME	l					
STREET ADDRESS			33	STREE	T ADDRESS					
CITY-ST-ZIP					- ST - ZIP		т	Ch	ange	Additio
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NAME				NAMI STREE	ET ADDRESS					
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NAME			5.2	NAME						
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TITLE		DELETE		TITLE			L	) '	arigi. L	_ nounce
NAME			1	2 NAMI	1					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	etific that the information consti	ed with this filing is valuntarily		<u> </u>	-SI-ZIP	ualify for the exemption stated in Section and accurate and that my signature is	n 119 07(3)(	k). Flo	ida Stati	ites I
further certify t made under of that my name i	that the information indicated of alth, that I am an officer or direct appears in Block 12 or Block 13	on this annual report or supplied to the rest of the corporation or the rest of the rest o	eceiver or heat with	r trus	report is trusted empowers.	uality for the examption stated in action to the and accurate and that my signature ared to execute this report as required to the execute th	oy Chapter 6	17, f lo	r.da Stat	utes, an
									101431	3K F

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