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NONPROFIT **CORPORATION** ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

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DOCU 1. Corporation	MENT # P	21010	(4)							
	ARS OF AMERICA	A, INC.	` '						•	
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Principal Place	of Business	M	lailing Address							
5330 E. 31ST ST., STE. 900 TULSA OK 74153			5330 E. 31ST ST STE Tulsa ok 74153	. 900						
						3. Dal	te Incorporated or Qualified 09/23/1988	3a. (Date of Last 03/14/1	
2. Principal Pl	ace of Business	2a 26	. Mailing Address			4. FEI	Number 73-1328116			Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			.			\$8.7	Not Applicable 5 Additional
2 City & State		27	0: 10:			3. Cer	rtificate of Status Desired			Required
City & State	9	28	City & State				ction Campaign Financing ist Fund Contribution			May Be
Zip	Country		Ziρ	Cour	try		s corporation has liability for	intagoible		d to Fees
4	9. Name and Addre	29		30		Flor	rida Statutes	X Yes [No	
···	5. Name and Addie	sa oi Current Regis	stereo Agent		91 Name	10. Na	me and Address of New I	Registered	d Agent	
CT COR	PORATION SYSTEM					Address (D.O. F	Davids and a feet to be a			·
	PINE ISLAND ROAD			Ľ	32 Street	Address (P.U. E	Box Number is Not Acceptal	oie)		
PLANTA	FION FL 33324			Ţ.	33					
				-					11 -	p Code
					34 Oity			g ,	 85 Z	00000
11. Pursuant t	to the provisions of Section	ons 617.0502 and 61	7.1508. Florida Statut	es the above	o powed se	ornoration subm	uits this statement for the pu	F		
				es, the abov	o powed se	orporation submit board of director	nits this statement for the puors. I hereby accept the app			
familiar wil	th, and accept the obliga	tions of, Section 617.	0503, Florida Statutes	es, the abov	o powed se	orporation subm board of directo	uits this statement for the pu ors. I hereby accept the app			
familiar wit	th, and accept the obligation of the obligation	of registered agent and title if a	0503, Florida Statutes	es, the aboved by the co	e-named co prporation's	DOBIG OF DIFECTO	ors. Thereby accept the app	rpose of clointment a	hanging its its registered	registered office I agent. I am
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

ABSISTANT Secretary

ABSISTANT Secretary

Date

Deptime Phone #

SIGNATURE: <

U-24-96 (918)669-2766