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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State . . DIVISION OF CORPORATIONS

1	ARKOULL III, P.A.	0000546 (6)	,			
Principal Plac	ce of Business	Mailing Address				88111
P.O. BOX 13133 NORTH PALM BEACH FL 33408 US		PO BOX 13133 N PALM BCH FL 33408 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					01/01/1993	•
<u></u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.			65-0380011	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28				Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid	
24	25 25 Name and Address of Current	29	30		Personal Property Tax due June 30	
		redisteren wäeur	8	1 Name	10. Name and Address of New Regis	itered Agent
BARKDULL, T H III 205 N DIXIE HWY						
WEST PALM BEACH FL 33401			B:	2 Street Add	dress (P.O. Box Number is Not Acceptable)	,
1	EST TALM DESCRIPTE SOFT		8	3		
			<u> </u>	4 0		
	•		8	4 City		FL 85 Zip Code
1 Office or i	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607,0505, Fl	authorized t lorida Statuti	by the corpora es.	poration submits this statement for the pur ation's board of directors. I hereby accept t	he appointment as registered
12,	Signature typed or printed name of registered again OFFICERS AND			gent signature requ		DATE
TITLE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME		11/1	1.2 NAME			End over 80
STREET ADDRESS	P.O. BOX 13133	N.A.	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		1.4 CiTY-	ST-ZIP		
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME		•	
STREET ADDRESS	er .		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	•	FELEXE	2. 4 CITY	ST-ZIP		
TITLE		DELETE	3.1 TITLE	}		Change Addition
name Street address			3.2 NAME	T ADDRESS		i
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4 2 NAME	i		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	•		5.3 STREE	1 ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY -	S1-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition

14. I hereby certify that the information supplied with this filing does are 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 changed, or on an attachment with an address.

64 CITY-ST-ZIP