

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

FILED
May 14 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P93000040825 (0)**

1. Corporation Name

ARV CORPORATION



| | |
|---|---|
| Principal Place of Business 13176 N DALE MABRY HWY TAMPA FL 33618 | Mailing Address 13176 N DALE MABRY HWY TAMPA FL 33618 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|--|--|
| 2. Principal Place of Business 21 12826 Wallingford Dr. Suite, Apt. #, etc. | | 2a. Mailing Address 26 12826 Wallingford Dr. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 06/02/1993 | |
| 22 City & State 23 Tampa, Florida Zip 24 33624 Country 25 USA | | 27 City & State 28 Tampa, Florida Zip 29 33624 Country 30 USA | | 4. FEI Number 59-3184638 Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent COHN, VANESSA N 705 W AZEELE ST TAMPA FL 33606 | | | | 10. Name and Address of New Registered Agent 81 Name Walter Sanders 82 Street Address (P.O. Box Number is Not Acceptable) 13910 N. Dale Mabry Hwy 83 Ste One 84 City Tampa FL 85 Zip Code 33618 | | | |
|--|--|--|--|---|--|--|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Walter Sanders Walter Sanders 4/30/98
Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|----------------------------|-------------------------------|---------------------------------|--|---|--|---|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RUIZ, AILENE | | | 1.2 NAME | | | |
| STREET ADDRESS | 13176 N DALE MABRY HWY | | | 1.3 STREET ADDRESS | 12826 Wallingford Dr. | | |
| CITY-ST-ZIP | TAMPA FL 33618 | | | 1.4 CITY-ST-ZIP | Tampa, Florida 33624 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | | | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 changed, or on an attachment with an address.

CR2E034 (10/97)