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96 MAY -9 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000066513 (1)**

1. Corporation Name

GOLDEN ARCH ARABIANS, INC.

Principal Place of Business

**5500 SE 17 STREET
OCALA FL 34471**

Mailing Address

**5500 SE 17 STREET
OCALA FL 34471**

3. Date Incorporated or Qualified
09/20/1993

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

29

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4. FEI Number

59-3207751

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POTAPOW, MICHAEL G
5500 SE 17 STREET
OCALA FL 34471**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

(If not, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P
POTAPAW, ANTONIA**
STREET ADDRESS **5500 SR 17TH ST**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **ST
POTAPOW, MICHAEL**
STREET ADDRESS **5500 SE 17TH ST**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

2. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

3. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

4. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

5. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

6. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Potapow

5/6/96

352-624-0575

CR2E034 (12/95)