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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083263 (2)

ARD CORP.

CITY-ST-ZIP

Principal Place of Business	Mailing Address	
2 INDEPENDENT DRIV #116 JACKSONVILLE FL 32202 US	2 INDEPENDENT DR #116 Jacksonville FL 32202 US	

FILED Jun 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1993 4. FEI Number Applied For 59-3209713 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & Stato \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Country This corporation owes or has paid the current year Intangible No. Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 BUCKLAND, ROBERT T Name 3755 SANCTUARY WAY NORTH 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32250 83 R4 City 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 (NOT) Registered Agent signature required when reinstating) Signature, typed or praced open of togethered agent and title diapperation OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE **BUCKLAND, ROBERT T** 1.2 NAME 3765 SANCTUARY WAY NORTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THLE COMPANION, DOROTHY M 22 NAME NAME 3755 SANCTUARY WAY NORTH STREET ADDRESS 2.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 1. Change Addition TITLE 3.1 TITLE COLLINS, ROXANNE KOXANNE NAME 3.2 NAME BULKLAND 3755 SANCTUANY WAY JACKSONVINE BEACH, F 3755 SANCTUARY WAY NORTH STREET ADDRESS 3.3 STREET ADDRESS Nortt JACKSONVILLE BCH FL 32250 3.4 CHTY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 suppliemental 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 this 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 it chairs

6.4 CITY - ST - ZIP