

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000007674 (2)**
1. Corporation Name
ARENA & PARTNER OF FLORIDA, INC.

Principal Place of Business Mailing Address
1455 N. TREASURE DRIVE 1455 N. TREASURE DRIVE
5A # 5A
NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141

2. Principal Place of Business 2a. Mailing Address
21 2800 N.W. 55th CT 26 2800 N.W. 55th CT
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 FT. LAUDERDALE, FL 28 FT. LAUDERDALE, FL
Zip County Zip County
24 F 33309 25 BROWARD 29 33309 30 BROWARD

3. Date Incorporated or Qualified 3a. Date of Last Report
01/31/1994

4. FEI Number Applied For
65-0464707 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

7. This corporation has liability for intangible tax under C. 100.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SEGNER, MARGRIT
1455 N. TREASURE DRIVE
5A
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent
81 Name MARGRET SEGNER
82 Street Address (P.O. Box Number is Not Acceptable)
2800 N.W. 55th CT
83
84 City FT. LAUDERDALE FL 85 Zip Code 33309

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 MARGRET SEGNER *M. Segner* DATE _____
Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	SEGNER, MARGRIT
STREET ADDRESS	1455 N. TREASURE DRIVE
CITY - ST - ZIP	NORTH BAY VILLAGE FL 33141
TITLE	D
NAME	SEGNER, MARGRIT
STREET ADDRESS	1455 N. TREASURE DRIVE
CITY - ST - ZIP	NORTH BAY VILLAGE FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARGRET SEGNER
1.3 STREET ADDRESS	2800 N.W. 55th CT
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARGRET SEGNER
2.3 STREET ADDRESS	2800 N.W. 55th CT
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33309
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: M. Segner MARGRET SEGNER 04/19/95 (305) 486-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time