SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 18 1997 8:00am Secretary of State

Change

Addition

	1997	DIVISIO	ON OF CORE	PORATIONS		
	***************************************	0007674	(2)			
ARENA	A & PARTNER OF FLORIDA	A, INC.				
						
Principal Plac	ce of Business	Mailing Address			I 1801/807 (IV 1817) 814/4 81/14 814/1 801	
2800 N.W. 55TH CT. 2800 N.W. 55TH CT.						
# 5A # 5A					DO NOT WORK	IN THE COMOC
FT. LAUDERDALE FL 33309 FT. LAUDERDLAE FL 33300 US					DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of Last Report
					01/31/1994	12/11/1996
2. Principal 8	Place of Business	2a. Mailing Addre	2a. Mailing Address		4. FEI Number	Applied For
21	. <i>H</i> -1-	26		65-0464707	Not Applicable	
Suite, Apt	t. #, GIC.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	nte	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country	8. This corporation owes or has pai	Firm parts
24	25 9. Name and Address of Curr	29 29 Agent	30	- 	Personal Property Tax due June 10. Name and Address of New Rec	
ME	EIER, MARGRET	on nogletorou Agont		81 Name	10. Name and Address of New York	hereign whole
2800 N.W. 55TH CT.				82 Street Ad-	dress (P.O. Box Number is Not Acceptab	
# 5A				SIFEET AG	cress (r.o. box number is not acceptab	(0)
FT.	. LAUDERDALE FL 33309			83		
				84 City		85 Zip Code
		500				FL
office or	t to the provisions of Sections 607.05 registered agent, or both, in the Sta	to of Florida. Such chang	a Statutos, tr je <mark>was aut</mark> ho	ne above-named co rized by the corpor	rporation submits this statement for the partion's board of directors. I hereby accep	rpose of changing its registered to the appointment as registered
•	am familiar with, and accept the obl	ligations of, Section 607.0	505, Florida	Statutes.		
SIGNATURE	Signature, typod or printed name of registered a	agent and title if applicable	(NOTE : Regi	istered Agent signature req	, ired when reinstating)	DATE
12.		ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PVST	☐ Det	1	1.1 Trīle		Change Addition
NAME	SEGNER, MARGRET 2800 N.W. 55TH CT.			1.2 NAME		
STREET ADDRESS	FT. LAUDERDALE FL			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DEL		1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	SEGNER, MARGRET	_	1	2 2 NAME		_ • _ •
STREET ADDRESS				2.3 STREET ADORESS	• •	
CITY-ST-ZIP	FT. LAUDERDALE FL			2. 4 CITY - ST - ZIP		
TITLE		☐ DEL	l l	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	□ D€t		3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE		☐ DEL	F1E !	S 1 TITLE		☐ Change ☐ Addition
NAME				5 2 NAME		
STREET ADDRESS				3 STREET ADDRESS		
CITY-ST-ZIP				5.4 C(TY - ST - Z(P		

14. I do 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 changild, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZiP

DELFTE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP