FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
... MAY ... AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091882 (8)

1. Corporate Name

ARLINGTON ASSOCIATES, INC.

Principal Place of Business	Mailing Address
150 MAGNOLIA AVE DAYTONA BEACH FL 32114	150 MAGNOLIA AVE. DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For / Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address
21 / 26 Street
22 / 27 Suite, Apt. #, etc.
23 / 28 City & State
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES	
TITLE	D	TITLE	D/P [X] Change [ ] Addition
NAME	GUNN, WALTER J	NAME	
STREET ADDRESS	4790 S. ATLANTIC AVE., APT. 504E	STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	CITY-ST-ZIP	
TITLE	D	TITLE	D/T [X] Change [ ] Addition
NAME	GUNN, BERNICE	NAME	
STREET ADDRESS	4790 S. ATLANTIC AVE., APT. 504E	STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	CITY-ST-ZIP	
TITLE	D	TITLE	D/S [X] Change [ ] Addition
NAME	GUNN, JOANNE	NAME	
STREET ADDRESS	4790 S. ATLANTIC AVE., APT. 504E	STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I 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)(n), 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: Walter J Gunn — WALTER J. GUNN — 4/8/95 — 904-756-6965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002890 FP