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

CORPORATION



FLORIDA DEPARTMENT OF STATE

ì	Secretary of State DIVISION OF CORFORATIONS				
DOCUI	MENT # P9500	00006057 (	0)		
1	AR HOLDING CORPORATI	ION			
				I I A ALABA MANA MANA MANA MANA MANA MANA MANA M	1)
Principal Place	of Business	Mailing Address	.,		
1541 PATTO DUNEDIN FL		1541 PATTON DR. DUNEDIN FL 34698			
		DUILDIN 12 01000		3. Date Incorporated or Qualified   ;	3a. Date of Last Report
1.5.15.1.16.1	er en grande en de			01/19/1995	Tan ballo of East Hoport
2. Principal Pla [21]	ace of Business	2a. Mailing Address		4. FEI Number 59-3295147	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
City & State		Cd. 8 Ctata			Fee Required
23		City & State		6. Election Campaign Financing Trust Fund Contribution	35.00 May Be Added to Fees
Ziρ 11.1	Country	Zip	Country	8. This corporation has liability for inta	ngible tax under s. 199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	[30]	Florida Stalutes  Yes [ 10. Name and Address of New Regi	<del></del>
			81 Name	10. Name and Address of New Aegi	stored Agent
	), MARIO P		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	ATTON DR.				
DUNEU	N FL 34698		83		
			84 Crty		FL 85 Zip Code
11. Pursuarit to or registere familiar wit SIGNATURE	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo n, and accept the obligations of, Sec	02 and 607.1508, Florida Stat rida. Such change was autho ction 607.0505, Florida Statut	utes, the above named corp rized by the corporation's by es.	poration submits this statement for the purpos paird of directors. Thereby accept the appoint	e of changing its registered office ment as registered agent. I am
	Signature Byte dioriponted name of respetens diagnostic		NOTh: Registered Agent signature requ		DATÉ
12. ME	DI DERIS AI	ND DIFFECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12  Change Addition
NAME	MAGGIO, MARIO P		1 2 NAME		C change C Applicat
STHEET ACIDRESS	1541 PATTON DR.		1.3 STREET ADDRESS		
CHY ST ZIP THEF	DUNEDIN FL 34698	ED DELETT	1.4 CITY - ST - ZIP		
NAME	MAGGIO, DOLORES M	DELFTE	2 1 TIBLE 2 2 NAME		Change Addition
STREET ADDRESS	1541 PATTON DR.		2.3 STREET ADDRESS		
CHY-ST ZIF	DUNEDIN FL 34698		2 4 CITY - S1 ZIP		
I ILF		☐ DELETE	3 1 TIUE		Change Addition
NAME S'RELLADOBESS			3 2 NAME		
(11-51-74			3.3 STREET APPRESS 3.4 City - 51 - 71P*		
111.1		☐ DELETE	4 1 HTLE		☐ Change ☐ Addition
NAMI			4.2 NAME .		
STEEL ADDRESS			4.3 STHEET ADDRESS	<del>999001740</del>	<del>3ðã8</del>
CHY SEZIP THE		DELFTE	44 CITY - S1 - ZIP 5 1 TITLE	<del>-03/13/960103</del> 6	1 − 080 −
144V:			5 2 NAME	*** <del>200.00</del>	
STREET ADDRESS			5.3 STREET ADDRESS	20000174	1032
COTY - ST - Zim		ET trutte	5.4 City-SI-7iP	-03/13/968 <b>688</b> ***200.00 0103	9 <b>95</b> 9
NAM:		☐ DELETÉ	6 1 TITLE	****CUU.UU 0103	Change Addition
			6.2 NAME		<b>-</b>

OHY ST-ZIP

14. I do hereing 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 cath; 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SPREET ADDRESS

SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

Dayline Phone #