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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024406 (7)

A & R PROPERTIES, INC.

Principal	Place of	Business
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P.O. BOX 261533

Mailing Address

P.O. BOX 261533

FILED

Apr 28 1997 8:00am

Secretary of State

TAMPA FL 338 US	8 5	TAMPA FL 33685-1533 US					
50		00			3. Date Incorporated or Qualified 03/24/1995	3a. Date o	of Last Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	W. Hilkborough Ave.	26 110.66 W. H.//S Suite, Apt. #, etc.	braw	ah Aw	g , 59-3304758		Not Applicable
Suite, Apt.	6 井 10 タ *, etc.	Suite, Apt. #, etc.) }_	1 ''	5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State	paifL	City & State 28 Tanpa, FL	•		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24 336	35 Country 25 U.S.A.	29 33635 30	Country	A	8. This corporation has liability for in Florida Statutes	ntangible tax J Yes	
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Re	gistered Age	nt
	HIP, AMINIE		81	Name			
	N FRANKLIN ST		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)	
	TAMPA CITY CENTER SUITE 28	00					
TAM	IPA FL 33602		63				
			84	Cily		FL	5 Zip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligat	if Florida. Such change was auth	orized by	vithe corpo	orporation submits this statement for the p oration's board of directors. I hereby accep	urpose of cha t the appoint	anging its registered ment as registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·					
12.	Signature, typed or printed name of registered agent OFFICERS AND			ent signature re	equired when reinstating)	DATE	DEOTODO III 40
TITLE	OFFICERS AND	DELETE	13.	——-	ADDITIONS/CHANGES TO OFFIC		Change Addition
NAME	PETTOFOEZZO, ROBERT W.	LL Deceme	1.2 NAME				Ollange L. I Radillon
STREET ADDRESS	P.O. OX 261533		1.3 STREET	ADDDCCC			
CITY-ST-ZIP	TAMPA FL		1.4 C(1Y - S				
TITLE	77.1117.7.7.1	☐ DELETE	2.1 TITLE	21.511.		П	Change Addition
NAME		_	2.2 NAME				
STREET ADDRESS			2.3 S18EET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY - 5	S1-ZIP		,	
TITLE		DELETE	3.1 TOLE				Change
NAME			3.2 NAME				
STREET ADDRESS		•	3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CHY- 5	SI - ZIP			
TITLE		DELETE	4.1 TITLE				Change Addition
NAME		4	4. 2 NAME				
STREET ADDRESS		•	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4 4 CHY- S	i - ZIP			
TITLE		DELETE	51 THLE	[Change Addition
NAME			52 NAME				
STREET ADDRESS		,	53 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		54 CITY-S	T - ZIP			
TITLE		L DELETE	61 TITLE			L	Change
NAME			6.2 NAME				
STREET ADDRESS		: [6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CHY-S	11 - ZIP			

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 changed, or on an attachment with an address.