

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000030533 (0)

1. Corporation Name
ARATEC INC.

Principal Place of Business

303 NE 1ST AVE.
OCALA FL 34470-6693

Mailing Address

PO BOX 4697
OCALA FL 34478-4697



2. Principal Place of Business

21 1820 SW 4TH AVE

Suite, Apt. #, etc.

22 City & State

23 Ocala, FL

24 Zip

34474

Country

U.S.A.

2a. Mailing Address

26 P.O. Box 7

Suite, Apt. #, etc.

27 City & State

28 Ocala, FL

Zip

34478-0007

Country

U.S.A.

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3329395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAWAYA, MARY E
303 NE 1ST AVE.
OCALA FL 34470-6693

10. Name and Address of New Registered Agent

81 Name

SAWAYA, MARY E

82 Street Address (P.O. Box Number is Not Acceptable)

83 1820 SW 4TH AVE

84 City

OCALA

FL

85 Zip Code
34474

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SAWAYA, MARY E
STREET ADDRESS 303 NE 1ST AVE.
CITY-ST-ZIP Ocala FL 34470-6693
☐ DELETE

TITLE TSD
NAME GHANNAM, JOHN H
STREET ADDRESS 303 NE 1ST AVE.
CITY-ST-ZIP Ocala FL 34470-6693
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDCM
1.2 NAME SAWAYA, MARY E.
1.3 STREET ADDRESS 1820, SW 4TH AVE
1.4 CITY-ST-ZIP Ocala, FL 34474
☒ Change ☐ Addition

2.1 TITLE TSD
2.2 NAME GHANNAM, JOHN H
2.3 STREET ADDRESS 1820, SW 4TH AVE
2.4 CITY-ST-ZIP Ocala, FL 34474
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

JOHN H. CHANNAM

Date

12 Apr 97

Daytime Phone #

(352) 867-7244

0439076

CR2E034 (9/96)