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Apr 23 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 # P95000039180 (1)

1. Corporation Name

ARNET PEREYRA, INC.

Principal Place of Business

480-1 BARNES BLVD  
ROCKLEDGE FL 32855  
US

Mailing Address

480-1 BARNES BLVD  
ROCKLEDGE FL 32855-5321  
US



2. Principal Place of Business

21 3795 Flight Park Dr

Suite, Apt #, etc.

22

City & State

23 Rockledge FL

24

Zip

32955

25

Country

USA

26

2a. Mailing Address

PEREYRA, CARLOS  
2091 SYKE CREEK DR  
MERRITT ISLAND FL 32952

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

Carlos Pereyra

4/17/97

Signature of registered agent or public name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PEREYRA, CARLOS  
2091 SYKES CREEK DR  
MERRITT ISLAND FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP  
ARNETTE, GREGG  
1808 N INDIAN RIVER RD  
NEW SMYRNA BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST  
LARK, CRAIG  
1808 N INDIAN RIVER RD  
NEW SMYRNA BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

407-635-8005

Daytime Phone #

0106886

CR2E034 (9/96)