

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90039 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000043892

1. Corporation Name
ARISTA MANAGEMENT GROUP SOUTH, INC.



Principal Place of Business 12209 PEMBROKE ROAD SUITE 100 PEMBROKE PINES FL 33025 US	Mailing Address 12209 PEMBROKE ROAD SUITE 100 PEMBROKE PINES FL 33025 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/07/1995

2. Principal Place of Business 21 12229 PEMBROKE RD Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES FL Zip Country 24 33025 25 BROWARD	2a. Mailing Address 26 12229 PEMBROKE RD Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES FL Zip Country 29 33025 30 BROWARD
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4. FEI Number 65-0583967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIS, CHARLES W.
~~12209 PEMBROKE PINES~~
~~SUITE 100~~
 PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
12229 PEMBROKE RD
 83
 84 City **PEMBROKE PINES FL** 85 Zip Code **33025**

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 *Charles W Davis* **CHARLES W. DAVIS** **1/27/99**
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIS, CHARLES W 12209 PEMBROKE PINES #100 PEMBROKE PINES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, JULIE 12209 PEMBROKE PINES ROAD #106 PEMBROKE PINES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST THOMPSON, LAURA 12209 PEMBROKE PINES ROAD #106 PEMBROKE PINES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12229 PEMBROKE ROAD PEMBROKE PINES, FL 33025
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12229 PEMBROKE ROAD PEMBROKE PINES, FL 33025
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12229 PEMBROKE ROAD PEMBROKE PINES, FL 33025
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *Charles W Davis* **CHARLES W. DAVIS** **1/27/99** **954 436-5888**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)