May 04, 1999 8:00 am Secretary of State

05-04-1999 90112 033 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057690

1. Corporation Name

AR & R (BUILDERS, INC.						
Principal Place	e of Business	Mailing Address		_		AAN KUULU DANG	ICHI BRIF IOCI
3064 MOODY AVENUE 3064 MOODY AVENUE ORANGE PARK FL 32065 ORANGE PARK FL 32065					. DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 07/26/1995		
2. Principal Place of Business 2a. Mailing Address				_	4. FEI Number		oplied For
21 26					59-3327561	_ 	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				_			Additional
22					5. Certifcate of Status Desired	Fee Ro	equired
City & Stat	e	City & State		-	6. Election Campaign Financing .	\$5.00 Added	*May Be to Fees
Zip	Country	Zip	Count		8. This corporation owes the current year Inta		
24	25 29 30		_	•	Personal Property Tax.	Yes	No
	9. Name and Address of Currer		<u> </u>	_	10. Name and Address of New Registered	Agent	/
		<u> </u>	8	1 Name			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				Ctroot Adds	ess (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE				Sireel Addi	ess (F.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			8	3			
			L			lat 7:-	Code
				City	FL	85 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorizea c	v the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its itment as re	registered egistered
SIGNATURE	····	NOTE D		ent signature required	d when reinstating) DATE		{
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	Bei ir signatora radunar	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		ADDITIONO/OFFACES TO C.TTOERS 741	Change	Addition
NAME	BARLING, SID S		1.2 NAMI	į.			
STREET ADDRESS	3064 MOODY AVENUE		8	ET ADDRESS			
CITY-ST-ZiP	3001 1110 001 11121132		1.4 CITY	ì			Ì
TITLE			2.1 TITLE			Change	☐ Addition
NAME		_	2.2 NAM	E			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	-ST-ZiP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAM	E			
STREET ADDRESS		i	3.3 STRE	ET ADDRESS	-	~	Ì
CITY-ST-ZIP	34.0		3.4. CITY	-ST-ZIP			
TITLE		DELETE 4.1 T				☐ Change	☐ Addition \
NAME			4. 2 NAM	IE			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE	, •	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	·		5.2 NAM	E			
STREET ADDRESS	1		5.3 STRE	ET ADDRESS			

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 of 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 or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZiP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Daytime Phone #

☐ Change

Addition