FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. 00,00,000	IMENT # P950(on Name AR INVESTMENTS INC.	00066245 (8	3))	Bahin dania duna arina dikin akasi akin dani
Principal Place of Business Mailin		Mailing Address			
1947 W MARTIN LUTHER KING BLVD TAMPA FL 33807		1947 W MARTIN LUTHER KING BLVD TAMPA FL 33807			
3 Delocio al D				3. Date Incorporated or Qualified 08/25/1995	3a. Date of Last Report
2. Philopar P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26	* (min = 1, p) d =	59-33310	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country	Zip	Country	8. This corporation has liability for	intangible tax under s 199,032.
24	25 9. Name and Address of Curr	29	30	Florida Statutes Yes	□No
	a. Maine and Address of Corr	ent Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
SAUNDERS, MANK 1947 W MARTIN LUTHER KING BLVD TAMPA FL 33607				ess (P.O. Box Number is Not Acceptat	DE 7n Code
SIGNATURE	th, and accept the obligations of, Se	otion 607.0505, Florida Statute	Ites, the above-named corpor zed by the corporation's boar s.	ation submits this statement for the pur d of directors. I hereby accept the appoint twise registery	pose of changing its registered office pointment as registered agent. I am
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	SAUNDERS, MANK B	DELETE	1. 1 TITLE		Change Addition
STREET ADDRESS	2507 N RIDGEWOOD AVE		1.2 NAME	•	
CITY-ST-ZIP	TAMPA FL 33602		1.3 STREET ADDRESS		
TITLE		DELETE	14 CITY-ST-ZIP 2 1 TILLE	***	
NAME			2.2 NAME		Change Addition
STREET ADDRESS			2 3 STREET ADORESS		
CITY-ST-ZIP			2.4 CITY- S1-2IP		
TITLE		☐ DEL ETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP '			3.4 CITY - \$1 - 7IP		
NAME		☐ DELETE	4. 1 NITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		€ DEFETE	4.4 C(1) Y - ST - 2(P		
NAME		DELETE	5 TTITLE		Crange Addition
STREET ADDRESS			5 2 NAME		
CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		
NAMč			6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS		
			= A A OTHER LUDDINGS		

6.4 CITY - ST - 7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 coath; that I am an officer or director of the group of trustee empowered to execute this report as required by Chapter 607, Florida Statutes and Leg my name appears in Block 12 or Block 13 if changed, or on an appear with an address. TYPED OF PRITES NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE:

CITY-ST-ZIP

CR2E034 (12/95)