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

P**R**OFIT CORP**O**RATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082501 (4)

ARDIS LIMITED, INC.

FILED Jul 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				1 (60)(60) (18 18)64 51(11 40(1) 66(1) 40(1) 60(1	i initia tinat aster dalli ethi tabi
420 PLATT STREET 420 PLATT STREET					
LAKELAND FL 33809 LAKELAND FL 33809				DO NOT WRITE IN TH	HIS SPACE
İ				3. Date Incorporated or Qualified	
				10/23/1995	
h	lace of Business	2a. Mailing Address	_	4. FEI Number	Applied For
21 704 Suite, Apt.	N. Ingraham Ave	26 704 N. Ing:	<u>raham Ave,</u>	59-3345237	Not Applicable
		27NA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 NA 27 NA City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Lake	land, FL	28 Lakeland,	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 338			O USA	Personal Property Tax due June 30.	Yes No
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
ANDS, REGINALD L Regina				nald L. Ardis	
420 PLATT STREET			[82] Street Ad	Idress (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33809			83 704	N. Ingraham Ave.	
i			84 City	land	=L 85 Zip Code 33801
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo					
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 of printed name of registered agreed and tillorif applicative (NOTE Regislared Agent signature required to				quired when reinstalling) DA	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	0	DELETE		P/C/M	Change
NAME	ARDIS, REGINALD L			Ardis, Reginald L.	إ
STREET ADDRESS	420 PLATT STREET			704 N. Ingraham Ave.	إإ
CITY-ST-ZIP	LAKELAND FL 33809	DELETE	1.4 CITY-ST-ZIP	Lakeland, FL 33801	Change Addition
TITLE			2.1 THE:		Li orange Li Adonton 1
NAME STREET ADDRESS			2.3 STREET ADDRESS		
· · · · · · · · · · · · · · · · · · ·			2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition
NAME		- -	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	-	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE C	5.1 TITLE	والمنابعة المنابعة ال	Change Addition
NAME			5.2 NAME	1000025862 -07/13/9801043	∴< 1 .020
STREET ADDRESS			5.3 STREET ADDRESS		יטבט
CITY-ST-ZIP		T BELETE	5.4 CITY - ST - ZIP	***150.00	Change Addition
TITLE		☐ DELETE	6.1 TITLE	(X)	☐ Change ☐ Addition
NAME			6.2 NAME	4 1/10	
STREET ADDRESS			6.3 STREET ADDRESS	. //-	
CITY_ST_7IP			6.4 City - St - ZIP		

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.

0:01:47:56

RIMA.S

Reginald L. Ardis

Apr. 1 22 (9.41) 683-456