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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P95000095443 (4)

ROBERT L. ARROYO ENTERPRISES, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc

Mailing Address

2a. Mailing Address

Suite, Apt #, etc.

13669 KIMBERLEY OAKS CIRCLE

13669 KIMBERLEY OAKS CIRCLE INDIAN ROCKS BEACH FL-34644 US LARGO PL 33714

FILED May 07 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified 12/18/1995

65-0630110

4. FEI Number

	Suite, Apt.	#, etc		Suite, Apt #, etc.					5.	Certificate of Stat	us Desired		\$8.75		
22	City & State			27								Fee Re	<u> </u>		
23	City & State	5 2(9)6			City & State						Election Campaig Trust Fund Contri				May Be to Fees
	Zip		Country		Zip		Coun	itry		8. This corporation owes or has paid the current year Intangible					angible
24	25				29 30					Personal Property Tax due June 30. Yes 📝 No					ZNo
			and Address	of Current	Registered	Agent		10. Name and Address of New Registered Agent							
CHRISTNER, ALAN S JR.								81 Name							
350 GULF BLVD. Indian Rocks Beach Fl. 33785								82 Street Address (P.O. Box Number is Not Acceptable)							
								83]							ŀ
							1	B4	City					85 Zip (Code
													Fl	-	
11.	Pursuant i	to the provis	ions of Section Pent or both i	ns 607 0502 a o the State of	and 6 07,15 Florida, Sc	08, Florida Statute	s, the about or its contract.	ove-	-named co	orporation	submits this state	ement for the	purpose o	of changing it	s registered
	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.														
SIG	SIGNATURE Signature typind or profed narry of regetered is ped will blick a spyl cable (NOTE Registered Agent signature required when reinstating) DATE														
		Signature typed					Agen	par surfangle le			A-A 20 AFE	DATE	D DIDEOTOS		
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14.	indicated	on this armu	ial report or ex	undernontal a	nough ropes	oes not qualify for rt is true and accu	bne oten	that	my cianal	stura chali	have the same lo	and offert as	if made u	ndar anthy the	at Laman
	officer or of Block 12 of	director of the	ne corporation Schanged, or	or the receive on an attach	er or truster nent with a	empowered to e n address	execute th	is re	eport as re	equired by	y Chapter 607, Flo	orida Statutes	; and that	my name ap	pears in