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

Mailing Address

P.O. BOX 817026

2a. Mailing Address

City & State

Suite, Apt. #, etc

on an attachment with an address

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9. Name and Address of Current Registered Agent

HOLLYWOOD FL 33081-1026

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Birsiness.

2. Principal Place of Business

4725 JACKSON STREET

HOLLYWOOD FL 33021

State, Apr. #, et

#140

SIGNATURE:

City & State

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000357 (9)

A.R. FLORIDA ACCOUNTS, INC.

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PEMBROKE POINES FL 33026

SAMMARCO, VINCENT T 1000 N.HIATUS ROAD FILED Mar 21 1997 8:00am Secretary of State

3.	Date Incorporated or Qualified 01/02/1996	3a.	Date of Last Report
4.	FEI Number	<u> </u>	Applied For Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
10.	Name and Address of New Re	gistere	d Agent

Zip Code

85

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 in 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 it am fair that with lar of accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE rNO1t : Registered Agent signature required wherere nistating) Operation to a reception decision of registric dargers and the diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 1111.8 Add tion 1014 1.2 NAME 1.3 STREET ADDRESS SPREED ADDRESS 14 CHTY - ST - ZIF (47 SI DELETE Change Addition Title 21 DILE 22 NAME 2.3 STREET ADDRESS SPREED MODELS: 2. 4 CHTY - ST - ZIP GEV-51-7e DELETE Change Addition 3.1 THE 10.4 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34 CITY-ST-ZIP OF St. 7-2 DETETE Change Addition 4 1 TITLE 110 4.2 NAME Model 4.3 STREET ADDRESS SISCHARORES 4.4 CITY-ST-ZIP 3HY-81 7e ☐ DECETE Change Addition HILE 5.1 THUE 5.2 NAME NAME STEALT ALLBOYS 5.3 STREET ADDRESS 5.4 C(TY - ST - 7)P Oir St 78 DELETE Change Addition 6.171118 11:11 6.2 NAME NOM: STREE ALIGNESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP 14. Too hereby certify that the information supplies 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 ground 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

Country

81 Name

82

83

84 City

Street Address (P.O. Box Number is Not Acceptable)

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