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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003827 (8)

ARLENE JOY CREATIONS, INC.

| 2450 HOLLYW SLITE 401 HOLLYWOOD | 000 BLVD: 4021 N. 007M BWD: #334 BOCA KATON, FL 33431 | | 9001 N. UAM BUD #304B BOU BATON Fe 33431 | | 3a. Date of Lest Report |
|---------------------------------------|--|-------------------------------|---|---|--|
| O Drivers of F | - 7 | 2a. Mailing Address | 10 00 101 | 4. FEI Number | Applied For |
| | Place of Business I N. OCEAN BWD | 26 400 N. DA | ED PU | . APPLIED FOR | Not Applicable |
| Suite, Apr | #. 6 304 B | Suite, Apt #, etc. | B | Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 10 RATON, FZ | 28 BOCA 12470 | J, F2 | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 33. | 13\ 25 US/ | | Country 10 USA | | ☐ Yes ☐ No |
| | 9. Name and Address of Current | Registered Agent | 641 31 | 10. Name and Address of New F | legistered Agent |
| FEDER, LAWRENCE H | | | | | |
| 2450 HOLLYWOOD BLVD. B2 Street Addi | | | | dress (P.O. Box Number is Not Accepta | able) |
| | ITE 401 | | | | |
| HOI | LLYWOOD FL 33020 | | 63 | | |
| | \wedge | | 84 City | | FL 85 Zip Code |
| SIGNATURE | to the provisions of Sections 607.0502 regulatored agent, or both, in the Stand of any armitism with, and according or both at Stand of Stand | and life if applicable (NOTE: | da Statutes. WREVE Registered Agent signature rec | jured when reinstating) ADDITIONS/CHANGES TO OFF | DATE 1 27/97 |
| 12. | OFFICERS AND | DELETE | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 Lack Change |
| TITLE | FEDER, LAWRENGE H | סנפנונ | | RIENE RUBIN | LE ONE LE MOUNTE |
| NAME | OVER THOSE WAY HOLD BE VE | | 1.2 NAME | 001 N. OCTAND BLUD | 304 B |
| STREET ADDRESS | HOLLYWOOD PL 33020 | | | | · · |
| CiTy+ST+ZiP | THOLE (HOOD I E GOOZE | DELETE | | soca rator, to 33 | Change Addition |
| THILE | | F"] DEFEIE | 2.1 TITLE | | First critative Arra Madition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | i |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | Observe Addition |
| TITLE | | ☐ DETEAE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CHY-ST-ZIF | | | 3.4. CITY-S1-ZIP | | |
| THILE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |

5.1 TITLE

5 2 NAME

61 TITLE 62 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CHY-\$1-70P

CHY-SI-ZIE

STURING DEFICER OR DIHECTOR

DELETE

DELETE

14. I do 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 supplied that an an officer or director of the conforation or the face ver 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.

Addition

___ Addition

Change

Change

FILED

Feb 04 1997 8:00am

Secretary of State