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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000014177 (5)

-	ARD BARRETT SALES CON										
•	ace of Business	М	ailing Address						*****	1, 6, 60, 11, 64, 64	*** ****
15420 LIVINGSTON AVENUE STE 2117 15420 LIVINGSTON AVENUE STE 2117 LUTZ FL 33549 LUTZ FL 33549						DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated				
							02/10/1996				
2. Principal	Place of Business	20.	Mailing Address				4. FEI Number			A	pplied For
:1		26	26				59-3362168			N	ot Applicable
Suite, Ap	ot. #, <b>é</b> tc.	27	Suite, Apt. #, etc.				5, Certificate of Status	Desired			Additional lequired
City & Sta	ale	5.1	City & State				6. Election Campaign	Financing		\$5.00	May Be
3		28					Trust Fund Contribu	_			to Fees
Zip	Country		Zip		ntry		8. This corporation owes or has paid the current year Intangible				tangible
4	25	29	···-	30	<u>                                     </u>					No	
	9, Name and Address of Curri	ent Røgis	tered Agent		2.1		10. Name and Addres	of New R	egistered	Agent	
	arrett, richard				81	Name					
	5420 LIVINGSTON AVENUE STE	2117		Ī	82	Street Ad	dress (P.O. Box Number is N	lot Accepta	able)		-
LL	UTZ FL 33549				83						
							· · · · · · · · · · · · · · · · · · ·				
					84	City			FL	<b>85</b> Zip	Code
•			_				rporation submits this staten ation's board of directors. I h pured when reinstating)	nereby acc	opt the ap	pointment as	s registered
SIGNATURE	Signature, typind or printed name of registers dis	sgent and tille	if applicable (N	OTE: Registered	Ageni				DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, typind or printed harms of registered a OFFICERS A	sgent and tille	if applicable (N	OTE: Registered 13.	Ageni LE		uired when reinstating)		DATE		RS IN 12
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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 multi-port 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 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 3 if changed, or on the artificial with an address.

\*\*PERSONAL\*\*\*

\*\*PROPRIED \*\*\*

\*\*PRO