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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

'	1999 🥌	DIVISION OF CO	JRPUKA	TION	·	03-23-1999 9002	/ 032 ***	130.00	,
1. Corporation	MENT # P9600 ARL, INC.	0037503							
Principal Place	of Business	Mailing Address					uulu kiikii 140	BI EIIII BBIA	
2113 JONATHAN LANE 2113 JONATHAN LANE WINTER HAVEN FL 33884 WINTER HAVEN FL 338						DO NOT WRITE IN	THIS SPAC	E	
		•				3. Date Incorporated or Qualifed 04/26/1996			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		_	ed For
21		26				59-3377081			pplicable
Suite, Apt.	#, etc.	- Suite, Apt. #, etc.	- Suite, Apt. #, etc.			_5Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 Ma	
Zip	Country 25	Zip 3	h · h ·			This corporation owes the current ye Personal Property Tax.	ar Intangible		No
			1			10. Name and Address of New Regist	red Agent		
				B1 N	ame	•			
WAS		82 Street Addre		reet Addr	ress (P.O. Box Number is Not Acceptable)				
	JONATHAN LANE		`			(: : : : : : : : : : : : : : : : : : :	·		
WINT	TER HAVEN FL 33884		₹	83			•		
			1		ty	`	FL 85	Zip Cod	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	0502 and 607.1508, Florida Statutes ate of Florida. Such change was autigations of, Section 607.0505, Florid	s, the about thorized to da Statut	ove-na by the tes.	med corp corporation	poration submits this statement for the purpo on's board of directors. I hereby accept the	se of chang appointment	ing its reg as regist	gistered tered
SIGNATURE	·					d when reinstating) DA			
L	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			egistered Agent signature required		ADDITIONS/CHANGES TO OFFICER		ECTORS	S IN 12
TITLE	D	DELETE .	1.1 TITLE			, <u>, , , , , , , , , , , , , , , , , , </u>			Additio
NAME	WASHABAUGH, JOHN W		1.2 NAME			•			
STREET ADDRESS	AAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			1.3 STREET ADDRESS		,			
CITY-ST-ZIP WINTER HAVEN FL 33884			1.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	2.1 TITL				□ CI	nange	Additio
NAME	WASHABAUGH, FAY D	•	2.2 NAM	Æ					
STREET ADDRESS	2113 JONATHAN LANE		2.3 STR	EET ADD	RESS				

-WINTER HAVEN FL-33884 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS A GALLERY AND A GALLERY

My Willes Co-F CITY-ST-ZIP 4 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)

Addition

☐ Addition