SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000043318 (0)

ARMBELT EQUITIES, INC.

FILED Jul 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								T CORPUSOR STOR COLLEC DESIGN CONTRACTOR CONTRACTOR COLLECTION STORES TO SELECTION SELECTION STORES TO SELECTION STORES TO SELECTION STORES TO SEL
4791 BOCAIRE	BLVD.		4791	4791 BOCAIRE BLVD.				
BOCA RATON FL 33487				BOCA RATON FL 33487				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								05/03/1996
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				11-2350203 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5 Cortificate of Status Posited \$8.75 Additional
22				[27]				5. Certificate of Status Desired Fee Required
City & Stat	e			City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution LJ Added to Fees
Zip	_			Zip Country				8. This corporation owes or has paid the current year Intangible
24]	2		[29]		30	0		Personal Property Tax due June 30 Yes 🔀 No
		nd Address	of Current Registe	red Agent		81	Nome	10. Name and Address of New Registered Agent
	n, an na					81 Name		
4791 BOCAIRE BLVD. BOCA RATON FL 33487						82	Street Ad	dress (P.O. Box Number is Not Acceptable)
						83		
						_	0.1	[or] 75- Code
						84	City	FL 85 Zip Code
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, or 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required who							equired when reinstaling) DATE	
12.		OFFI	CERS AND DIREC	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST			DELETE	1.170	LE		Change Addition
NAME	THŲN, ANI			1.21		1.2 NAME		
STREET ADDRESS	1 11 71 71 71 71 71			1.3 ST		REET	ADDRESS	
CITY-ST-ZIP	BOÇA RAT	ON FL				1.4 CITY-ST-ZIP		
TITLE				DELETE	2.1 TIT	LE		Change Addition
NAME						2.2 NAME		
STREET ADDRESS	ADDRESS					REET	ADDRESS	
CITY-ST-ZIP			a			2.4 CITY-ST-ZIP		
TITLE						9.1 TITL€		☐ Change ☐ Addition
NAME					3.2 NA			
STREET ADDRESS							ADDRESS	,
CITY-ST-ZIP					3.4 CIT	-	-ZIP	
TITLE				L_] DELETE	4.1 TIT			Change Addition
NAME					4.2 NA			
STREET ADDRESS							ADDRESS	$\mathcal{S}(\mathcal{A})/\mathcal{A}(\mathcal{A})$
CITY-ST-ZIP					4.4 CIT 5.1 TIT		-ZIP	
TITLE				LJ DELETE				Change L_ Addition
NAME OTOGET ADODESSE					5.2 NAI		ADDRESS	
STREET ADDRESS					5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		ì	600002593126
CITY-ST-ZIP	 			Dec. exe	5.4 CIT 6.1 TIT		-2.12	-07/20/9801074916.
TITLE				L DELETE	6.2 NA			***150.00 Change Addition
NAME etocet reopece					1		ANNDESS	
STREET ADDRESS					6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
CITY-ST-ZIP	L				6.4 CIT	r-S1	-ZIP	

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.

ARMBELT Equities. Inc.
4791 Bocaire Boulevard, Boca Rafon, Florida 33487

Florida Dept-of State Division of Cogoration P.O. Bex 632-7 Tallahassee Florida 3v314

Tel: 561 241-8803 Fax: 561 241-8804 7/7/98

To whom it may Concern, As per our telephone Conversation yesterday you were advised that the 1998 profit Corporation during Report "sent me stated 2 100 Notice". Since I never received the first notice I elected to call and advise you of pame. Your office asked that I write a letter explaining that we never received on One Hundred & Tifty adollars which is enclosed herein with the report. Honkyon