**FILED** 

03-10-1999 90144 036 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000046454**

1. Corporation Name

ARW O.T	C.C., INC.						
Principal Place	of Business	Mailing Address				0 010   01H1   31001	
961 SE 20TH ST SUITE B-2 FORT LAUDERDALE FL 33316 US  961 SE 20TH ST SUITE B-2 FORT LAUDERDALE FL 33316 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/31/1996		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	<u> </u>	lied For
21 Suite Ant	26   Apt. #, etc.   Suite, Apt. #, etc.			<del></del>	65-0678168	\$8.75 A	Applicable
22	27				5. Certificate of Status Desired	Fee Red	
City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
Zip	Country Zip Country 25 29 30		Country		<ol> <li>This corporation owes the current year Ir Personal Property Tax.</li> </ol>		□No
24	9. Name and Address of Curren		-		10. Name and Address of New Registered	Agent	
			81	Name			
NADEL, HOWARD B 800 CORPORATE DRIVE #602			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33334			83			<del></del>	
			84	City		85 Zip C	ode
				-	FI		
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was auti	horized by	tne corporation	poration submits this statement for the purpose con's board of directors. I hereby accept the appoint	ointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE: R	enistered Ager	t signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	PVP	☐ DELETE 1.1 TI				☐ Change	☐ Addition
NAME	BLOM, RONALD J		1.2 NAME		,		ĺ
STREET ADDRESS	5 551 - E E5117 - 1 F		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		☐ Change	Addition
TMLE	,0		2.1 TITLE			Onungo	
NAME			2.2 NAME 2.3 STREET	r ANNRESS			ļ
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-S		***************************************	*.*	
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	IT-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		•		
NAME			4. 2 NAME	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-S		•		
TITLE	<u></u>	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	!		5.2 NAME		• •	•	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	L	□ DELETE	5.4 CITY-S	T-ZIP		☐ Change	[ ] Addition

CITY-ST-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 changes, or of an attactiment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

RAYMOND S. MESSIER

954.443.0110