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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **PA6600048722**
1. Corporation Name **A R, Inc.**

Principal Place of Business Mailing Address
919 W. Emmett St. same
Kissimmee, FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **6/7/96**

4. FEI Number **59-3401420** Applied for Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
Matny D. Shrive
919 W. Emmett St.
Kissimmee, FL 34741

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0932 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 provisions of Section 607.0905, Florida Statutes.

SIGNATURE **Matny D. Shrive** (Date) **5/18/98**

12. OFFICERS AND DIRECTORS

TITLE DELETE NAME DELETE

STREET ADDRESS **Director Antonio J. Ramirez**

CITY-ST-ZIP **1200 Marillo Rd. Kissimmee, FL 34744**

TITLE DELETE NAME DELETE

STREET ADDRESS **Director President**

CITY-ST-ZIP **1609 Amy Ct. Kissimmee, FL 34744**

TITLE DELETE NAME DELETE

STREET ADDRESS **Ronald J. Hawley**

CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE DELETE NAME DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE NAME DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE NAME DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied is true and correct and is only for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information made a part of this annual report is true and correct and that my signature shall have the same legal effect as if made under oath, and that I am an officer or director of the corporation, or authorized representative of the corporation, to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as provided for in the instructions.

SIGNATURE: **A. Ramirez** (Date) **5/22/98** (407) 348-0140

SIGNATURE AND PRINTED OR EMBOSSED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)