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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 21 1998 8:00am Secretary of State

	ARTER COMPANY	00000194 (9	')		
Principal Place of Business Mailing Address					
4942 LE JEUNE RD 4942 LE JEUNE RD CORAL GABLES FL 33146 CORAL GABLES FL 33146			MAC		
OUTINE ONDE	20 12 00140	CONNE ONDLES TE SS	1140	DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified 09/26/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0702442	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	ed Agent
	IRKE, PHILLIP G		81 Name		•
	42 LE JEUNE RD PRAL GABLES FL 33146		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
•	THE GREEC TE COTTO		83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508. Florida State	utes, the above-named co	proporation submits this statement for the purpose	e of changing its registered
office or re agent. I ar	ogistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change was digations of, Section 607.0505, I	s authorized by the corpor lorida Statules.	prporation submits this statement for the purpositation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE.	Signature, typied or poided name of registered	and the desired state of the Control	DIT Registered Agent signature rec		
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	<u>D</u>	DECETE	1.1 TITLE	The state of the s	Change Addition
NAME	Burke , Phillip G		1.2 NAME		·
STREET ADDRESS	4942 LE JEUNE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY - ST - ZIP		
TITLE		[_] DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		T beiere	2 4 CHY-ST-ZIP		
TITLE NAME		L_I DELETE	3.1 TITLE		Change Addition
			3.2 NAME		-
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELFTE	3.4. City - \$1 - zip 4.1 Title		Change Addition
NAME			4. 2 NAME		El cuarde El vontroit
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7IF		
TITLE	**************************************	DELETE	5.1 TIPLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7IP		
TITLE		DELETE	6.1 THTLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(11Y - \$1 - 7(P		

14. Thereby 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 in changed, or on an attachment with an address.

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