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 # P96000086848 (4)

ARNOLD & CONSTABLE, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Ad	Maiting Address				T TORRIBORI THE COLUMN CONTRACTOR SECTION SOURCE COLUMN STUDY INTO THE STORY LAND LAND.
3631 LAKE PADGETT DRIVE		3631 LAKE PADGETT DRIVE					
LAND O' LAKES FL 34639		LAND O' LAKES FL 34639					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							10/21/1996
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For
21		26	26				59-3406726 Not Applicable
Suite, Apt	#, etc.	Suite, A	Suite, Apt. #, etc.				5 Contificate of Status Desired \$8.75 Additional
22		27					Fee Required
City & State	9	<u>├</u> ─┐ `	City & State				6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 7in	Zip Cour				Trust Fund Contribution
24	25	F—η	}	30	anuy		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Current	29 Registered Ad		30]	Τ		10. Name and Address of New Registered Agent
AM	ERILAWYER CHARTERED		=		81	Name	
343 ALMERIA AVENUE					82	C11 A-	(DO D. N. sebasia Nat Assertable)
	RAL GABLES FL 33134				52	Street Add	dress (P.O. Box Number is Not Acceptable)
	THE CHECK TE COTTON				83	-	
					84	City	85 Zip Code
					• •	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508,	Florida Statute	s, the a	bove	-named co	proporation 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							
10	Signature, typed or printed name of registered ago: OFFICERS AND		(NOIE	Registere	o Ager	nt signature req	aured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSTD		DELETE	1,1 (1	11 F		Change Addition
NAME	MCGUSTY, EOWIN A	,		1.2 N/			
STREET ADDRESS	AAAA LAACE OLDOOPEE DONE				ADDRESS		
CITY-ST-ZIP	LAND OLI ANZO EL ALGOS			ITY-S1	1)}	
TITLE			2.1 TI			Change Addition	
NAME	MCGUSTY, JAMES C			2.2 N	AME		
STREET ADDRESS	3631 LAKE PADGETT DRIVE			2.3 \$1	TREET #	ADDRESS	
CITY-ST-ZIP	LAND O' LAKES FL 34639				2. 4 CITY-ST-ZIP		
TITLE			DELETE	3.1 TITLE			Change Addition
NAME				3.2 N/	AME		
STREET ADDRESS				3.3 \$1	TREET A	ADDRESS	
CITY-ST-ZIP				_	ITY-SI	T-ZIP	
TITLE			DELETE	4.1 TI			Change Addition
NAME				4.2 N			
STREET ADDRESS						ADDRESS	1
CITY-ST-ZIP			DELETE	_	TLE	- ZIP	Change Addition
TITLE		1	DELETE	5.1 Ti			L. Change L. Addition
NAME				5.2 N/		I DODECC	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE			DELETE	5.4 CI 6.1 TI	ITY-ST ITLE	- ZIP	Change Addition
NAME			LU VILLE	6.2 N/			Charge C Mullion
STREET ADDRESS						ADDRESS	
					IHEET A ITY-ST	1	
CITY-ST-ZIP				0,9 U	111-21	- TIL	

14. I hereby certify that the information supplied with this filing cloes 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 trusted 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

CICALATURE. (/ 1 2000 Complete

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