

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

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Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101353 (6)**

1. Corporation Name

ARLYN ENTERPRISES, INC.

Principal Place of Business

**6107 SONESTA COURT
BRADENTON FL 34202**

Mailing Address

**6107 SONESTA COURT
BRADENTON FL 34202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0714548

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

21 1844 Goldenrod St.

Suite, Apt. #, etc.

22
City & State
Sarasota, FL

Zip

34239

Country

USA

2a. Mailing Address

26 P.O. Box 5786,

Suite, Apt. #, etc.

27 Suite 106

28
City & State
Sarasota, FL

Zip

34277

Country

USA

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **WISENER, JANET T**
STREET ADDRESS **6107 SONESTA COURT**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **VD** ☐ DELETE
NAME **WISENER, GARY L**
STREET ADDRESS **6107 SONESTA COURT**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSTD** ☒ Change ☐ Addition
1.2 NAME **WISENER, JANET T.**
1.3 STREET ADDRESS **1844 GOLDENROD ST.**
1.4 CITY-ST-ZIP **SARASOTA, FLORIDA 34239**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **WISENER, GARY L.**
2.3 STREET ADDRESS **1844 GOLDENROD STREET**
2.4 CITY-ST-ZIP **SARASOTA, FLORIDA 34239**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP


4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed, or on an attachment with an address.

SIGNATURE:


Janet T. Wisener

1/20/98

241-340-3348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0463320

CR2E034 (10/97)