

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

FILED

May 06 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 # **P97000013795 (4)**

1. Corporation Name

ARNOLD-N-CHRIST ENTERPRISES INC.

Principal Place of Business

**6405-B OLD WINTER GARDEN RD
ORLANDO FL 32835**

Mailing Address

**6405-B OLD WINTER GARDEN RD
ORLANDO FL 32835**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3423001	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ARNOLD, DEBORAH 445 Daniels Pt. Dr. Winter Garden FL 34787				81 Name Arnold Deborah 82 Street Address (P.O. Box Number is Not Acceptable) 445 Daniels Pt. Dr. 83 84 City Winter Garden FL 85 Zip Code 34787	

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, DEBORAH	1.2 NAME	ARNOLD Deborah
STREET ADDRESS	4405 KIRKMAN RD, #201	1.3 STREET ADDRESS	445 Daniels Pt. Dr.
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	Winter Garden FL 34787
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, ROBERT	2.2 NAME	ARNOLD Robert
STREET ADDRESS	4405 KIRKMAN RD, #201	2.3 STREET ADDRESS	445 Daniels Pt. Dr.
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	Winter Garden FL 34787
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vic. President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Marcereau Wayne
STREET ADDRESS		3.3 STREET ADDRESS	5713 Argosy Ct.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando FL 32819
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Sec. / Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Marcereau Christina
STREET ADDRESS		4.3 STREET ADDRESS	5713 Argosy Ct.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orl. FL 32819
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Deborah Arnold** **President** **4/28/98** **407-294-3250**

CR2E034 (10/97)