

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

FILED

May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000028620 (7)

1. Corporation Name

ARM-SOX USA, INC.



Principal Place of Business 1236 SANDCASTLE ROAD SANIBEL ISLAND FL 33957	Mailing Address P.O. BOX 655 SANIBEL ISLAND FL 33957
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3125 Sunset Circle Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/27/1997	
22 City & State 23 Sanibel Florida		27 City & State		4. FEI Number 65-0756989	
24 Zip 33957		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		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 MAY, BEARY L 1236 SANDCASTLE ROAD SANIBEL ISLAND FL 33957		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2125 Sunset Circle 83 84 City Sanibel FL 85 Zip Code 33957	
--	--	--	--

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 TS (NOTE: Registered Agent signature required when reinstating) DATE 04/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benny Low May	1.2 NAME	
STREET ADDRESS	2125 Sunset Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sanibel FL 33957	1.4 CITY-ST-ZIP	
TITLE	Vice-President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Uinkler	2.2 NAME	
STREET ADDRESS	12345 Steele Creek Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28273	2.4 CITY-ST-ZIP	
TITLE	Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.E. Barnes	3.2 NAME	
STREET ADDRESS	131 East Water St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Sandusky Ohio 44870	3.4 CITY-ST-ZIP	
TITLE	Secretary	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucas Centurion	4.2 NAME	
STREET ADDRESS	1160 Butternut Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Sanibel FL 33957	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: R 04/29/98 941-472-8516

CR2E034 (10/97)