

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000028620**

1. Corporation Name  
**ARM-SOX USA, INC.**

Principal Place of Business  
**2125 SUNSET CIRCLE  
SANIBEL FL 33957  
US**

Mailing Address  
**P.O. BOX 655  
SANIBEL ISLAND FL 33957**

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90012 043 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **458 Casa Ybel Rd.**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

22 **downstairs suite**

Suite, Apt. #, etc.

City & State

23 **Sanibel FL**

City & State

Zip

24 **33957**

Country

25 **USA**

Zip

29

Country

30

3. Date Incorporated or Qualified

**03/27/1997**

4. FEI Number

**65-0756989**

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MAY, BEARY L  
2125 SUNSET CIRCLE  
SANIBEL ISLAND FL 33957**

10. Name and Address of New Registered Agent

81 Name **BEARY L. MAY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**458 Casa Ybel Road**

83 **Downstairs Suite**

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 **Beary L. May - CEO**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **Sept. 14 99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MAY, BEARY LEON**  
STREET ADDRESS **2125 SUNSET CIRCLE**  
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **VP** ☒ DELETE

NAME **VIKLER, HOWARD**  
STREET ADDRESS **12345 STECLE CREEK RD**  
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE **T** ☐ DELETE

NAME **BARNES, R E**  
STREET ADDRESS **131 EAST WATER STREET**  
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE **S** ☐ DELETE

NAME **CENTURY, LUCAS**  
STREET ADDRESS **1160 BETTONWOOD LANE**  
CITY-ST-ZIP **SANIBEL FL 33957**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: **Beary L. May - CEO**  
Signature, typed or printed name of signing officer or director

**Sept 14, 99 (941) 472-8516**  
Date Datetime Phone #

CR2E034 (5/99)

0098453