## 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 # P97000037024 (1)

CUSTOM CABINETRY AND MILLWORK, INC.

Principal Place of Business

Mailing Address

5120 NORTH 40TH STREET TAMPA FL 33610

2. Principal Place of Business

21 5120 N.

Suite, Apt. #, etc.

5120 NORTH 40TH STREET TAMPA FL 33610 FILED Jan 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

04/24/1997

4. FEI Number

59-34

City & State    Country   28   Country   29   Country   20   Count	<u>  22 [ </u>	$\frac{1}{2}$								100	uneu	
Zip	City & State City & State											
S. Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   11, Name and Address of New Registered Agent   12 NoRTH 40TH STREET   120 N	Zip Country Zip Cou				ý		8. This corporation owes or i	nas paid the cu	rrent yea	ar Inta	ngible	
WILLIAMS, SYLVESTER 5120 NORTH 40TH STREET TAMPA FL 33610  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 807 0502 and 807 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 907 5056. Florida Statutes, and the registered agent. I am familiar with, and accept the obligations of Section 907 5056. Florida Statutes, and the registered agent. I am familiar with, and accept the obligations of Section 907 5056. Florida Statutes, and the registered agent. I am familiar with, and accept the obligations of Section 907 5056. Florida Statutes agent. I am familiar with a sequence of changing its registered agent. I am familiar with a sequence of changing its registered agent. I am familiar with the original properties of the sequence of the corporation is based on advantage of changing its registered agent. I am familiar with the sequence of changing its registered agent. I am familiar with the original properties of the sequence of changing its registered agent. I am familiar with the sequence of changing its registered agent. I am familiar with the sequence of changing its registered agent. I am familiar with the sequence of changing its registered agent. I am familiar with the sequence of changing its registered agent. I am familiar with the sequence of changing its registered agent. I am familiar with the sequence of changing its registered agent. I am familiar with the sequence of changing its registered agent. I am familiar with the sequence of changing its registered of changing its registered agent. I am familiar with the sequence of changing its registered of changing its registered agent. I am familiar advantage of changing its registered agent. I am familiar with a sequence of changing its registered of changing its registered of changing its reg					Personal Property Tax due June 30. Yes N						No _	
WILLIAMS, SYLVESTER  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. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the State of Florida Statutes. In the State of Florida Statutes agent. In the State of Florida Sta												
TAMPA FL 33610  83  84   City	WILLIAMS, SYLVESTER					Name						
BS	5120 NORTH 40TH STREET				1	Street Addres	ss (P.O. Box Number is Not Ac	ceptable)	· · · · · · · · · · · · · · · · · · ·			
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 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, 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, to mit aminiar with, and accept the obliggions of, 505.0F. Glorida Statutes.    13.	TAMPA FL 33610							<u> </u>	<u></u>			
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 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, 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, 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, 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, or both and accept the obligations. Provided agent in the state of the provided when reintaining.    12.				83	1						İ	
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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, in the florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in the first decoperation of the second of the corporation's board of directors. I hereby accept the appointment as registered agent, in the following of the corporation's board of directors. I hereby accept the appointment as registered agent, in the following of the corporation's board of directors. I hereby accept the appointment as registered of segment of the purpose of changing its registered agent, in the following of the purpose of change agent to the segment of the purpose of change agent to the segment of the segment of the purpose of change agent to the segment of the purpose of change agent to the segment of the purpose of change agent to the segment of the purpose of change agent to the segment of the segment of the purpose of change agent agent and the purpose of change agent agent agent and the purpose of the appointment as registered agent, or both agent and the purpose of the appointment as registered agent, or both agent and the purpose of the appointment as registered agent, or both agent				84	+	City			85	Zip C	de	
office or registered agent, or both, in the State of Fforda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligiptions of, Secting 607, 1905, Priorida Significant in an appointment as registered agent. In the many of the provided in the provid					L				. ]			
SIGNATURE SUPPLIES AND DIRECTORS IS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD	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 bereby accept the appointment as registered											
SIGNATURE SUPPLIES AND DIRECTORS IS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
TITLE PD   DELETE   1.1 TITLE   DELETE   1.2 NAME   STREET ADDRESS   SEFFNER FL 33594   Addition	Lower Bullion AC VA = 15 What It Illand AN VA 40100											
TITLE PD DELETE 1.1 TITLE					oht i	beriuper enutangia			o Dines			
NME WILLIAMS, SYLVESTER 12 NAME 12 STREET ADDRESS 934 SUNRIDGE POINT DRIVE 12 STREET ADDRESS 14 CITY-ST-ZIP							ADDITIONS/CHANGES TO	OFFICERS AN				
STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584  14. CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584  14. CITY-ST-ZIP SEFFNER FL 33584  22. MAME STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584  23. STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584  24. CITY-ST-ZIP SEFFNER FL 33584  25. MAME STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584  26. CITY-ST-ZIP SEFFNER FL 33584  27. MAME STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584  28. MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADD	I								012	. igo		
CITY-ST-ZIP  SEFFNER FL 33584  LI CITY-ST-ZIP  DELETE  21 TITLE  WILLIAMS, RUTHIE  934 SUNRIDGE POINT DRIVE  22 STREET ADDRESS  CITY-ST-ZIP  SEFFNER FL 33584  2.4 CITY-ST-ZIP  TITLE  Change Addition  Additi					r a Di	NDOESE .						
TITLE  MAME  STREET ADDRESS  SEFFNER FL 33584  TITLE  MAME  STREET ADDRESS  ST	1	I I				1						
MAKE WILLIAMS, RUTHIE 934 SUNRIDGE POINT DRIVE 2.3 STREET ADDRESS SEFFNER FL 33584 2.4 CITY-ST-ZIP  TITLE DELETE 3.1 TITLE 3.5 STREET ADDRESS 3.3 STREET ADDRESS 5.1 TITLE 3.3 STREET ADDRESS 5.1 TITLE 3.3 STREET ADDRESS 5.1 TITLE 5.3 STREET ADDRESS 5.1 TITLE 5.3 STREET ADDRESS 5.1 TITLE 5.3 STREET ADDRESS 5.1 TITLE 5.1 STREET ADDRESS 5.1 TITLE 5.1 STREET ADDRESS 5.1 STREET					51-2	ZIP			Cha	ппе	Addition	
STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584  2.4 CITY-ST-ZIP TITLE  DELETE 31 TITLE 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-Z				4	ļ .							
CITY-ST-ZIP  SEFFNER FL 33584  2.4 CITY-ST-ZIP  TITLE  DELETE 3.1 TITLE  Addition  STREET ADDRESS  CITY-ST-ZIP  DELETE 4.1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 4.1 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addition  Add		•			ΓΔDI	IORESS						
TITLE    DELETE   3.1 TITLE   Change   Addition		OFFERIED EL COCO									İ	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.5 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.5 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP 5.5 A CITY-ST-ZIP TITLE 5.5 STREET ADDRESS CITY-ST-ZIP TITLE 5.6 A CITY-ST-ZIP TITLE 5.7 STREET ADDRESS CITY-ST-ZIP TITLE 5.8 A CITY-ST-ZIP TITLE 5.9 STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.5 A CITY-ST-ZIP TITLE 5.5 A CITY-ST-ZIP TITLE 5.6 A CITY-ST-ZIP TITLE 5.7 STREET ADDRESS CITY-ST-ZIP TITLE 5.7 STREET ADDRESS CITY-ST-ZIP TITLE 5.8 A CITY-ST-ZIP TITLE 5.9 Addition TITLE 5.9 Addition TITLE 5.9 Addition TITLE 5.9 Addition TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TI			DELETE		<u> </u>	KATI .			☐ Cha	nge	Addition	
CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.4 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 this report as required by Chapter 607, Florida Statutes, and that my name appears in	NAME			3.2 NAME								
TITLE  MAME  A. 2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  A.4 CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  Change Additio	STREET ADDRESS	AESS 3		3.3 STREET	'ADI	IDRESS					1	
AACITY-ST-ZIP  ACITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  Change Addition  Change Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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	CITY-ST-ZIP			3.4. CITY-5	ST-2	ZIP						
STREET ADDRESS CITY - ST - ZIP  TITLE  TITLE  DELETE  5.1 TITLE  S.2 NAME  STREET ADDRESS CITY - ST - ZIP  TITLE  S.3 STREET ADDRESS CITY - ST - ZIP  TITLE  DELETE  5.4 CITY - ST - ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  NAME  STREET ADDRESS CITY - ST - ZIP  14. I hereby certify that the information supplied with this filling 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	TITLE		☐ DELETE	4.1 TITLE					Cha	nge	Addition	
CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  S.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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	NAME			4. 2 NAME								
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  S.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Addition  Change  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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	STREET ADDRESS			4.3 STREET	ADI	ORESS					Ì	
NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  DELETE  6.1 TITLE  Change  Addition  6.2 NAME  STREET ADDRESS  CITY - ST - ZIP  14. I hereby certify that the information supplied with this filling 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 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	CITY - ST - ZIP			4.4 CITY-S	T- Z	ŽIP .						
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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	TITLE		☐ DELETE	5.1 TITLE					Cha	nge	Addition	
CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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	NAME			5.2 NAME								
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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	STREET ADDRESS			5.3 STREET	AD	DRESS						
NAME  5TREET ADDRESS  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	CITY-ST-ZIP			5.4 CITY-S	T- Z	JIP						
STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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			☐ DELETE						∟ Cha	nge	Addition	
6.4 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 truste empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in				B								
14. I hereby certify that the information supplied with this filling 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	STREET ADDRESS					l l						
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		and the state the information of the state of the state of	filling days not availed to				netion 110 07/2)/// [[:	too I fumber -		• •b= '-	formation	
	l am an ars in											