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 # P97000045829 (3)

ARCHIPELAGO IMPORTS, INC.

FILED Apr 16 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						a nungitude eide batte samte antit dater an sie den beite beite samt	
14110-H PERDIDO KEY DR 14110-H PERDIDO KEY DR							
PERDIDO KEY FL 32507 PERDIDO KEY FL 3250						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 05/22/1997	
9 Principal D	lace of Business	9a Mailing Addrage					
	lace of Busilless	2a. Mailing Address				349	
Suite, Apt.	# plc	Suite, Apt. W. etc.				Not Applicable	
22		27				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	e	City & State				Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	
Zip	Country	Zip	\vdash	Country		8. This corporation owes or has paid the current year intangible	
24	25	129	30	0		Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Curren	it Hegistered Agent		81	Alama	10. Name and Address of New Registered Agent	
	ARK, DONALD A		1	ا"	Name		
201 E GOVERNMENT ST PENSACOLA FL 32501			ſ	82	Street A	Street Address (P.O. Box Number is Not Acceptable)	
			ľ	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		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TIT	LE	$\neg \uparrow \uparrow$	Change Addition	
NAME	arnold, gin l		1.2 NA	ME			
STREET ADDRESS	14110-H PERDIDO KEY DR		1.3 ST	REET	ADDRESS		
CITY-ST-ZIP	PERDIDO KEY FL 32507		1.4 CIT	Y-ST	r- 21P	•	
TITLE	D	☐ DELETE	2.1 TIT		·	Change Addition	
NAME	ARNOLD, MARCY J		2.2 NAI	ME	.		
STREET ADDRESS	14110-H PERDIDO KEY DR		2.3 STF	REET /	ADDRESS		
CITY-ST-ZIP	PERDIDO KEY FL 32507		2. 4 CI	TY-S	T-21P .		
TATLE	D	☐ DELETE	3.1 TIT	_		Change Addition	
NAME	HOWARD, BETTY A		3.2 NA	ME			
STREET ADDRESS	1110 HILLCREST RD SUITE 2	A,	3351	REET	ADORESS ¹		
CITY-ST-ZIP	MOBILE AL 36695		3 4. Cri	TY - S1	T-ZIP		
TITLE		DELETE	4.1 T/T			☐ Change ☐ Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	REET A	ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST	r-zip		
TITLE		☐ DELETE	5 1 TIT	LE		Change Addition	
NAME			5.2 NAI	ME			
STREET ADDRESS			5.3 ST	REET A	ADDRESS		
CITY - ST - ZIP			5.4 CIT	Y-ST	r-ZIP		
TITLE		DELETE	6.1 101			☐ Change ☐ Addition	
NAME			6.2 NAJ	ΜE			
STREET ADDRESS			6.3 STF	HEET A	ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST	- ZIP		
44 11 1							

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 committee the state of the corporation or the state of the corporation or the receiver of the corporation of the cor

SIGNATURE:

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