## 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 # 1. Corporation Name P97000095731 (0)

**FILED** Jun 05 1998 8:00am Secretary of State

ARK IN	VESTMENTS, INC.					
Principal Plac	e of Business	Mailing Address				
717 E. OAK S KISSIMMEE F		717 E. OAK ST. KISSIMMEE FL 34744			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
A Dringing D	lace of Business	2a. Mailing Address				11/05/1997 4. FEI Number Applied For
21	IACE OF BUSINESS	26. Maining Address				4. FEI Number 3479528   Applied For Not Applicable
Suite, Apt.	#, etc.		Suito, Apt. #, etc.			SR 75 Additional
22			27			5. Certificate of Status Desired Fee Required
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	<b>Z</b> ip	Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 💹 Yes 🔲 No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
	/ART, HARRY J			81	Name	
717 EŽOAK ST.			j.	82	Street A	ddress (P.O. Box Number is Not Acceptable)
KIS	SIMMEE FL 34744		-	83		
	<b>†</b>			03		
	÷		1	84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was a	uthorized	bv :	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statu	лes.		
SIGNATURE	Signature, typied or printed name of registeral at	gent and little if applicable (NOTE	Registered	Agen	l signature re	equired when reinstating) DATÉ
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 1(1)	LE	T	P ☐ Change 🔀 Addition
NAME	<b>\$W</b> ART, HARRY J		1.2 NA	ME	İ	
STREET ADDRESS	717 E. OAK ST.		1.3 STR	REET A	NDORESS	
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CIT			
TITLE	D	☐ DELETE	2 1 THL	LE	Į.	S □ Change 🔀 Addition
NAME	SWART, KATHERINE A		2.2 NA			
STREET ADDRESS	717 E. OAK ST.		1		DDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	DELETE	2. 4 CIT		- ZIP	Change Addition
TITLE		LJ UERRIE	3.1 7171			
NAME .			3.2 NAM		.DDDCGD	4
STREET ADDRESS					DDRESS 700	// /
CITY-ST-ZIP TITLE		☐ DELET€	3.4. CIT 4.1 TITL		-118	ZZ Change / Addition
NAME			4. 2 NA			
STREET ADDRESS					DDRESS	<i>40</i> ///<
CITY-ST-ZIP			4.4 CIT			

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 supplier pental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or given attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREFT ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

5/1/98 (402)847-71416

500002550965

-06/08/98--01058--002

\*\*\*150.00

Addition

Change