

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90026 032 \*\*\*\*61.25  
06-24-1999 90014 001 \*\*\*\*88.75

DOCUMENT # P97000096483  
1. Corporation Name  
Attorney Referral Agency of Florida, Inc

Principal Place of Business Mailing Address  
2808 Pioneer Road 2808 Pioneer Road  
#4 #4  
Orlando, FL 32808 Orlando, FL 32808  
U.S.A. U.S.A.

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified  
Same as above Same as above 11/10/97  
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number  
59-3503587  
City & State City & State Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
Odiator Arugu 81. Name  
2808 Pioneer Rd. #4 82. Street Address (P.O. Box Number is Not Acceptable)  
Orlando, FL 32808 83.  
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Sy. Odiator Arugu (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Oluremi Decker</u>	1.2 NAME	
STREET ADDRESS	<u>154 NW 72nd Ave</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Plantation, FL 33317</u>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>President</u>	2.2 NAME	
STREET ADDRESS	<u>Odiator Arugu</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>2808 Pioneer Rd. #4</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Treasurer</u>	3.2 NAME	
STREET ADDRESS	<u>Oluremi Decker</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>See above</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Secretary</u>	4.2 NAME	
STREET ADDRESS	<u>Oluremi Decker</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>See above</u>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sy. Odiator Arugu 411/98 (407) 649-4254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)