FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

ARLINGTON FINANCIAL SERVICES, INC.

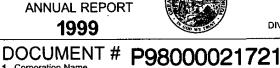


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999



Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90031 033 ***150.00

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Mailing Address Principal Place of Business 15600 N.W. GITH AVENUE 15600 N.W. 67TH AVENUE UITE 308 SUITE-300-DO NOT WRITE IN THIS SPACE MIAMILLAKES-FE-33014 18459 PENTS BLUD SLETE 193 3. Date Incorporated or Qualifed 03/09/1998 PEMBROXE PENES PZ 33029 Applied For 4 FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be . City & State -Added to Fees Trust Fund Contribution . 23 28 Country Zio Zip Country 8. This corporation owes the current year Intangible □No Personal Property Tax. Yes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 COTTON, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 15600 N.W. 67TH AVENUE SUITE 308 83 MIAMI LAKES FL 33014 84 85 Zip Code City 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 office of the provisions of Section 607.0505, Florida Statutes. 27 **SIGNATURE** Signature, typed or printed name of registered at (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change ☐ Addition 1.1 TITLE TITLE COTTON, RICHARD 1.2 NAME NAME 18459 PEATS BLVD, SIEST 193 15600 N.W. 67TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS personal pents, pe MIAMI-LAKES FL 33014 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE TITLE KANE, DANTEL LANE, DANIEL 2.2 NAME NAME 15600 N.W. 67TH AVENUE 2.3 STREET ADDRESS 18459 PENES BLUD, SUETE 193 STREET ADDRESS MIAMI LAKES FL 33014 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE mle. 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 61 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)