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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1998000073567

1. Corporation Name The Arledge Group, Inc.

**FILED** Sep 24, 1999 8:00 am Secretary of State

09-24-1999 90018 008 \*\*\*150.00

Principal Place of business , , ivialing Address			
7430 BIHmore Boulevan	d	Ģ	
Mycam Air TI 77 10 3		DO NOT WRITE IN THIS SPACE	
Miramar, FL 33023		3. Date Incorporated or Qualified	
2. Principal Place of Business ( 2a. Mailing Address	<b>6</b> ) (1)	4. FEI Number Applied For	٦
27 3966 N.W. 90th avenue 26 3966 N.W.	966 N.W. 90th avenue 28 3966 N.W. 90th avenue		9
Suite, Apt. #, etc. Suite, Apt. #, etc.		_ \$8.75 Additional	
22 27	-	5. Certificate of Status Desired	
City & State City	FL	6. Election Campaign Financing \$5.00 May Be Trust.Fund.Contribution Added.to, Fees	
Zip Country Zip	Country S	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes	
9. Name and Address of Current Registered Agent	1	10. Name and Address of New Registered Agent	
amerilawyer	81 Name		
343 almeria avenue	82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
Coral Bables, FL 33134	83	26 V	
Corac Bables, 1 3 33131	84 City	FL 85 Zip Code	7
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	I s, the above-named corpo	oration submits this statement for the purpose of changing its registered	┪
office or registered agent, or both, in the State of Florida. Such change was autiagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.	horized by the corporatio	on's board of directors. I hereby accept the appointment as registered	- {
	20 Cididios.		ĺ
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	legistered Agent signature required	d when reinstating) DATE	_]
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_] §
me President DELETE		Vice President Ochange Addition	u   🕹
NAME Shannon Arledge.	1.2 NAME	Shannon Arledge	13
Shannon Arledge STREET ADDRESS 3966 NW 90th Avenue	1.3 STREET ADDRESS	3966 NW 90th Avenue	[
CITY-ST-ZIP Sunvise, FL . 33351	1,4 CITY-ST-ZIP	Sunrise, FL. 33351	_   [
TITLE DELETE	2.1 TITLE	Presiden+ Change MAddition	n C
NAME	2.2 NAME	onnie D. Arledge	
STREET ADDRESS	2.3 STREET ADDRESS	onnie D. Arledge 3966 NW 90th Avenhe	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	Sunrisc, FL. 33351	i
TITLE DELETE	3.1 TITLE	☐ Change ☐ Addition	חנ
NAME	3.2 NAME		
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STREET ADDRESS	4.3 STREET ADDRESS		}
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NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		- 1
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE DELETE	E C 4 TITLE	Change Addition	n l
1	6.1 TITLE		
NAME	6.2 NAME	Ownings O Addition	
	i	_ change	
NAME STREET ADDRESS CITY-ST-ZIP	6.2 NAME	_ Change Account	

Indicated on this annual report or supplied with this tiling does not qualify for the exemption stated in Section 113.07(3)(f), Florida Statutes. Finding does not qualify for the exemption stated in Section 113.07(3)(f), Florida Statutes, and that it is man officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.

R OR DIRECTOR

August 27, 1999

To Whom It May Concern:

I am writing this letter to say that I did not receive an annual notice. I was also unaware of the date, or any fees. I understand this was my fault. I contacted your office and received the information necessary. This is my first corporation and first year, so please except my enclosed check in the amount of \$150.00. Thank you so very much for your understanding.

Respectfully,

Shannon Arledge

V. President

The Arledge Group Inc.

SLA