FILED Apr 14, 1999 8:00 am Secretary of State

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**PROFIT** → CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

	1999		DIVISION (	OF CORPOR	ATIONS	04-14-1999 90172 012	2 ***450.00	)
	MENT	# S26100						
ARANDA	REFERR	AL, INC.						
Principal Place	of Busines		Mailing Address			1 (Maille is un utaié anna man ann ann ann	******	en enen (***)
4403 SE 16TH F	PLACE		4403 SE 16 PLACE				•	
STE 3			STE 3			DO NOT WRITE IN THIS	SPACE	
CAPE CORAL F	L 33904		CAPE CORAL FL 33904 US	,		3. Date Incorporated or Qualifed		
US		•				01/18/1991		, P. B. V
2. Principal Pl	ace of Busin	ness	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
21		·	26			65-0242621		Applicable
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.			5_Certifcate of Status Desired	\$8.75 A	
22			City & State					<u> </u>
City & State			28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
Zip 24		Country 25	Zip <b>29</b>	Cou 30	ntry	<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>		□No
	9. Name	and Address of Current		155,1		10. Name and Address of New Registered	Agent	
					81 Name			
	TI, JOHN .				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	SE 16TH	PL .						
SUIT		-			83			Ì
CAPI	E CORAL I	°L 33904			84 City	· -	85 Zip C	ode
						FI		
11. Pursuant	to the provis	sions of Sections 607.0502	and 607.1508, Florida St	atutes, the a	bove-named corp	poration submits this statement for the purpose of	of changing its	registerea
l ouice of t	caistaica af	CIR, OI DOWN, III III CO CICICO				on s poard of directors, i hereby accept the appu	minimoni do 105	isterea
agent. I at	m√amiliar w	ith, and accept the obligion	ns of, Section 607.0505,	Florida Stati	utes.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	Jinanen as reg	isterea
agent. I at	λ -	MA W						istered
SIGNATURE	λ -	or printed name of registered agent	and title if applicable. (I	VOTE: Registered	Agent signature require	ad when reinstating) DATE		
SIGNATURE	Signature, type	MA W	and title if applicable. (I	NOTE: Registered	Agent signature require			
SIGNATURE 12. TITLE	Signature, typic	or printed partie of registered agent	and title if applicable. (I	NOTE: Registered	Agent signature require	ad when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	D CONTI, J	or printed game of registered agent OFFICERS AND	and title if applicable. (I	13. 1.1 Ti	Agent signature require	ad when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	D CONTI, J 4403 SE	OFFICERS AND OFFICERS AND OHN J. 16TH PL, SUITE 3	and title if applicable. (I	NOTE: Registered  13. 1.1 Ti 1.2 N/ 1.3 ST	Agent signature require  TLE  AME  TREET ADDRESS	ad when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	D CONTI, J 4403 SE	or printed game of registered agent OFFICERS AND	and title if applicable. (I	NOTE: Registered  13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci	Agent signature require  LE  AME  REET ADDRESS  TY-ST-ZIP	ad when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTI, J 4403 SE CAPE CO	OFFICERS AND OFFICERS AND OHN J. 16TH PL, SUITE 3 DRAL FL 33904	and title if applicable. (I) O DIRECTORS  DELETE	NOTE: Registered  13. 1.1 Ti 1.2 N/ 1.3 ST	Agent signature require TLE MME REET ADORESS TY-ST-ZIP	ad when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CONTI, J 4403 SE CAPE CO D IZZO, MIO	OFFICERS AND OFFICERS AND OHN J. 16TH PL, SUITE 3 DRAL FL 33904	and title if applicable. (I) O DIRECTORS  DELETE	NOTE: Registered  13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV	Agent signature require TLE MME REET ADORESS TY-ST-ZIP	ad when reinstating) DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CONTI, J 4403 SE CAPE CO D IZZO, MIO 4403 SE	OFFICERS AND OFFICERS AND OHN J. 16TH PL, SUITE 3 DRAL FL 33904	and title if applicable. (I	NOTE: Registered 13. 1.1 Ti 1.2 N/ 1.3 S1 1.4 Ci 2.1 Ti 2.2 N/ 2.3 S1	Agant signature require TLE MME REET ADORESS TY-ST-ZIP TLE MME	ad when reinstating) DATE	ND DIRECTO Change	RS IN 12 Addition
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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 a address, with all other like empowered.

6.4 C/TY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #