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DEPARTMENT
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
ANDREA B. McKEEVER
Secretary of State
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FLORIDA STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S43269**

(7)

ARDS, INC.

1. Name of Corporation	Mailing Address		
2667 CARAMBOLA CIRCLE N COCONUT CREEK FL 33066	2667 CARAMBOLA CIRCLE N COCONUT CREEK FL 33066		
2. Date of Incorporation or Qualification	3. Mailing Address		
21	26		
State/Prov. # of	State/Prov. # of		
22	27		
City, State	City, State		
23	28		
4. County	Zip	County	
24	25	29	30
9. Name and Address of Current Registered Agent			
BIZZARRO, DEBORAH L. ESQ 2419 E COMMERCIAL BLVD STE 302 FT LAUDERDALE FL 33308			
10. Name and Address of New Registered Agent			
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 aware and accept the responsibilities of Section 607.1508, Florida Statutes.

Signature

12. OFFICES AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICES AND DIRECTORS
1. NAME D BIZZARRO, DOMINICK C. 2667 CARAMBOLA CIRCLE N COCONUT CREEK FL	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP
2. NAME D BIZZARRO, ANGELA G. 2667 CARAMBOLA CIRCLE N COCONUT CREEK FL	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP
3. NAME	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP
4. NAME	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP
5. NAME	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP
6. NAME	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP
7. NAME	25. NAME 26. NAME 27. STREET ADDRESS 28. CITY, ST, ZIP
8. NAME	29. NAME 30. NAME 31. STREET ADDRESS 32. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. Further, I certify that the information indicated on the annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect and make under oath that I am an officer or director of the corporation or the trustee 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, changed, or my office/bureau with an address.

SIGNATURE: *Dominick C Bizzarro - Dominick C. Bizzarro 05/14/95 781-9454* (305)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR
PRESIDENT