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

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90060 025 ***150.00

DOCL	IMENT	#

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ARDS, INC.

Principal Place of Business					
1 Tiricipal 1 lado of Eddinodo	Mailing Address	COTU			
7.667 CARAMBOLA	CIRCLE NO	oper n			
Principal Place of Business Mailing Address AG67 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL. 33306		DO NOT WRITE IN THIS SPACE			
COCONUI SILOURI	- ·		3. Date Incorporated or Qualifed		
			5/9/	•	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied	For
21	26		65-025-4897	Not App	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additi	
	27			Fee Require	
City & State	City & State		6. Election Campaign Financing	\$5.00 May ——Added to Fe	
Zip Country	Zip	Country	Trust Fund Contribution		88 -
	29 30	n ´	This corporation owes the current year Intelligence Personal Property Tax.	ingible Des □N	0
9. Name and Address of Current R		1	10. Name and Address of New Registered		
5. Hame and Address of Guttelli A	OND FO	81 Name			
1) EBORAH L. BIZ	- ZARKO, EJ	92 0	one (D.O. Boy Number is Not Assessable)		
DEBORAH L. BIZ 2929 E. COMMER SUITE PH-C	CIAL BLUD.	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUITE PH-C	<u> </u>	83			
SUITE PH-C. FORT LAUDERDA	LE. PL. 333	08		85 Zip Code	
FORT LITUDE COM	- /	84 City	FL	BS Zip Code	
11. Pursuant to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose of	changing its regis	tered
office or registered agent, or both, in the State of fi agent. I am familiar with, and accept the obligation	Florida. Such change was auth	iorized by the corboration	on a board of directors. I nereby accept the appoin	itment as register	ea
	,				
SIGNATURE Signature, typed or printed name of registered agent an	· · · · · · · · · · · · · · · · · · ·	egistered Agent signature require			
12. OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS I	
TITLE UNESIDENT +TRE					
	EA SURAINELETE	1.1 TITLE			Addition
NAME DOMINICK C. BIZ	ZA SURARDELETE ZZARRO LA OLOGIA N.	1.2 NAME			
NAME DOMINICK C. BIZ STREET ADDRESS 2667 CARAMBOL	ZASURANGELETE ZARRO LA CIRCLEN	1.2 NAME 1.3 STREET ADDRESS	,		
NAME DOMINICK C. BIZ	A SURANGEETE 2-ZARRO 1.A CIRCLEN 1.FL 33306	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐] Addition
NAME DOMINICK C. BIZ STREET ADDRESS 2667 CARAMBOL CITY-ST-ZIP COCONUT CREEK TITLE VICE-PRES + SEC	TASURANELETE ZARRO A CIRCLEN FL 33306 RETARY DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐	
NAME DOMINICK C. BIZ STREET ADDRESS 2667 CARAMBOL CITY-ST-ZIP COCONUT CREEK TITLE VICE-PRES-+ SECTION NAME ANGELA A. BIZ	A SURTINELETE LA CIRCLE N LA CIRCLE N LA CIRCLE N LA CIRCLE N LA CIRCLE DELETE LA RRO LA CIRC N LA CIRCLE N LA CIR	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐] Addition
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TITLE VICE-PRES. + SECTION AME ANGELA A. DITS STREET ADDRESS 2667 CARAMBOLIC CITY-ST-ZIP COCONUT CRECK	RETARY DELETE ZA RRO A CIR. No. FL: 33066	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	·	Change	Addition Addition
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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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE

Change

☐ Addition