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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S59900

(8)

ARROW ENERGY, INC.

FILED									
May	14	1997	8:00am						
Sec	ay 14 1997 8:00am Secretary of State								

Principal Place of Business	Mailing Address							
1002 BANYAN STREET CLEWISTON FL 33440	920 E. DEL MONTE AVENUE UNIT 103 CLEWISTON FL 33440-2214 US							
			3	Date Incorporated or Qualified 06/14/1991	d 3a. Date of Last Report 03/29/1996			
2. Principal Place of Business	2a. Mailing Address			4	FEI Number		Applied For	
920 E. Del Monte Avenue	26				65-0267962		Not Applicable	
Suite, Apt. #, etc.         Suite, Apt. #, etc.           Unit 103         27				5	6. Certificate of Status Desired	1 1 7	3.75 Additional Fee Required	
City & State Clewiston, FL	City & State			6	i. Election Campaign Financing Trust Fund Contribution	F	5.00 May Be Added to Fees	
Zip Country 24 33440 25	Zip 29	·			This corporation has liability for intangible tax under s. 199.032, florida Statutes			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
FILINGS, INC.		[8	11 Nam	ne				
3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311		8	82 Street Address (P.O. Box Number is Not Acceptable)					
1011 2100210,2212 12 0001		1	13				<u> </u>	
		8	14 City			FL 85	Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607.050: office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga-</li> </ol>	of Florida. Such change was	authorized	by the co	ed corporat corporation's	ion submits this statement for the p board of directors. I hereby accep	urpose of char at the appointm	nging its registered nent as registered	
SIGNATURE								

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1111119 SMITH, FRANKLIN L. 1.2 NAME NAME 920 E DEL MONTE AAVENUE STREET ADDRESS 1.3 STREET ADDRESS **CLEWISTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition DS SMITH, REATHA SUE NAME 2.2 NAME 920 E DEL MONTE AVENUE UNIT 103 STREET ADDRESS 2.3 STREET ADDRESS **CLEWISTON FL** CITY-ST-ZIP 2 4 CITY-\$1-ZIP Change DELETE Addition TITLE 3 1 TITLE SMITH, REATHA SUE NAME 3.2 NAME 920 E DEL MONTE AVENUE UNIT 103 STREET ADDRESS 3.3 STREET ADDRESS CLEWISTON FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I do 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 an attach more with an address.

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