

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

Amended Vol. 25

APPROVED AND FILED

97 SEP 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *559900*
1. Corporation Name
ARROW ENERGY, INC.

Principal Place of Business Mailing Address
5309 DUBLIN ROAD DUBLIN, OHIO 43017

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report		5. Certificate of Status Desired	
<i>5309 DUBLIN ROAD</i>		<i>5309 DUBLIN ROAD</i>		<i>65-0267962</i>		<i>4/26/95</i>		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	
				<i>DUBLIN OHIO</i>		<i>DUBLIN OHIO</i>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<i>43017</i>		<i>FRANKLIN</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country							

9. Name and Address of Current Registered Agent
*FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE, FLA 33311*

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when translating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<i>DP</i>	<input type="checkbox"/> DELETE
NAME	<i>MICHAEL S. SMITH</i>	
STREET ADDRESS	<i>5309 DUBLIN ROAD</i>	
CITY-ST-ZIP	<i>DUBLIN, OHIO 43017</i>	
TITLE	<i>DP</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>SMITH, FRANKLIN L.</i>	
STREET ADDRESS	<i>1002 BANYAN ST.</i>	
CITY-ST-ZIP	<i>CLEWISTON, FLA</i>	
TITLE	<i>DS</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>SMITH, TRATHA SUE</i>	
STREET ADDRESS	<i>1002 BANYAN ST</i>	
CITY-ST-ZIP	<i>CLEWISTON, FLA.</i>	
TITLE	<i>DT.</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>SMITH, TRATHA SUE</i>	
STREET ADDRESS	<i>1002 BANYAN ST.</i>	
CITY-ST-ZIP	<i>CLEWISTON, FLA</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>800002309378</i>	
13 STREET ADDRESS	<i>-10/01/97--01110--005</i>	
14 CITY-ST-ZIP	<i>*****70.00 *****70.00</i>	
21 TITLE	<i>DP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>SMITH, MICHAEL S.</i>	
23 STREET ADDRESS	<i>5309 DUBLIN ROAD</i>	
24 CITY-ST-ZIP	<i>DUBLIN, OHIO 43017</i>	
31 TITLE	<i>DS</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>SMITH, IAN N.</i>	
33 STREET ADDRESS	<i>5309 DUBLIN ROAD</i>	
34 CITY-ST-ZIP	<i>DUBLIN, OHIO 43017</i>	
41 TITLE	<i>DT.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<i>SMITH, IAN N.</i>	
43 STREET ADDRESS	<i>5309 DUBLIN ROAD</i>	
44 CITY-ST-ZIP	<i>DUBLIN, OHIO 43017</i>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or in an attachment with an address.

SIGNATURE: *Michael S. Smith* DATE: *9/29/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *MICHAEL S. SMITH* DATE: *9/29/97*

CR2E034 (9/96)