Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90004 042 ***150.00

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

DOCUMENT # S99567

1. Corporation Name

ARCADIA	AN GROUP, INC.			I FRESSEIG HIG LEGER LEGER EINE GEHEL GEHEL GEGE	Pirin birii birii birii birii birii iddi
Principal Place	e of Business	Mailing Address	·····		
7296 SW 146 ST. CR. 7296 SW 146 ST. CR.				1	
7250 SW 140 ST. CH. 7250 SW 140 SW 140 ST. CH. 7250 SW 140 SW 1					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 12/11/1991	
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
1		26		65-0300297	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2			<u> </u>		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation owes the current year I Personal Property Tax.	ntangible ☐Yes ☐No
4	9. Name and Address of Curren		301	10. Name and Address of New Registered	
	s. Name and Address of Carres.		81 Name		
DUN	IN, WILLIAM C.				
7296 SW 146 ST. CR.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAI	VI FL 33158		83		
			84 City	F	85 Zip Code
office or r agent. I a SIGNATURE	ım tamılıar witn, and accept the opilga	tions of, Section 607.0505, Flor	uthorized by the corporati rida Statutes. Registered Agent signature requin	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/OFFARIOLO TO OFFICERO?	Change Addition
	DUNN, KATHLEEN H.		1.2 NAME		
NAME	7296 SOUTHWEST 146 ST. CII	DCI E	1.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL	AULE			
CITY-ST-ZIP	DPT	☐ DELETE	1.4 CITY-ST-ZIP		Change Additio
TITLE	DUNN, WILLIAM C.	Choccere	2.2 NAME		<u> </u>
NAME	7296 SW 146 ST, CR.				
STREET ADORESS	MIAMI FL	* . T	2.3 STREET ADDRESS		
CITY-ST-ZIP	D	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	DUNN, PATRICK C.	C) Section	3.2 NAME		
NAME	COLUTINUE OF 440 OF ON	םרו ב	3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	L	NOLE .			
CITY-ST-ZIP	MIAMI FL D	DELETE	3.4. CITY-ST-ZIP		∑ Change
TILE	l -		4.2 NAME		<u></u>
NAME	DUNN, H P 7296 SW 146 ST CR.		.		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158	☐ DELETE	4.4 C(TY+ST-ZIP 5.1 ΠΤLE		☐ Change ☐ Addition
ritle	ľ		■ 0.4 IIIUE		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition