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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1/17823

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90150 043 ***150.00

1. Corporation	n Name								
ARDIC, I	NC.	•	•		ŀ				
-	•							(6) 4 (5) (11)	
	•			_					
Principal Place	e of Business	Mailing Address			1 (00)) Gilosi lidit (600) intin 11060	(+)1 8 1 8 17 8 11		11971 07011 1001	
1939 VALENCIA WAY		1939 VALENCIA WAY							
CLEARWATER FL 34624		CLEARWATER FL 34624			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	IN THIS	3FACE		l
ı	•				02/28/1992				
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	_	I An	plied For	
21		26	-	· .	59-3119864		<u> </u>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_				\$8.75	Additional	,
22		27			5. Certifcate of Status Desired		Fee Re	equired	
City & Stati	е	City & State			6. Election Campaign Financing	 []	\$5.00	May Be	•
23		28			Trust Fund Contribution		Added	to Fees	ļ
Zίρ	Country	Zip 2276 l	Cou	ntry	8. This corporation owes the curren	t year Inta		-	
3376			30		Personal Property Tax.		Yes Yes	□No	
	9. Name and Address of Curr	rent Registered Agent		04 N	10. Name and Address of New Reg	gistered A	Agent		
DEAD	FF, RICHARD C.			81 Name		•			
	rr, richard C. I Valencia Way		İ	82 Street Ad	dress (P.O. Box Number is Not Acceptabl	e) _.			
	ARWATER FL 34624			-	· · · · · · · · · · · · · · · · · · ·	_			ļ
	ANTIATER FE OTOET			83					ĺ
	•	•	i	84 City		FL	85 Zip (Code	
			- 49		and the statement for the stat			33764	<u>.</u>
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	บ5บ2 and 6บ7.1508, Florida Statut ate of Florida. Such change was a	es, the at uthorized	bove-named co I by the corpora	rporation submits this statement for the pution's board of directors. I hereby accept to	he appoir	itment as re	gistered	l
									l
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Flo.	rida Statı	utes.					
agent. I a	··································					DATE	<u>.</u>		_
SIGNATURE	Signature, typed or printed name of registered				uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE			(80)
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE	: Registered	Agent signature requ	uired when reinstating)	DATE			(41/98)
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS	: Registered	Agent signature requ	uired when reinstating)	DATE	D DIRECTO	ORS IN 12	34 (11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS DPS PFAFF, RICHARD C.	agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TI	Agent signature requ	uired when reinstating)	DATE	D DIRECTO	ORS IN 12	E034 (41/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS DPS PFAFF, RICHARD C. 1939 VALENCIA WAY	agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TII 1.2 No.	Agent signature requ	uired when reinstating)	DATE	D DIRECTO	ORS IN 12	2E034 (
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS DPS PFAFF, RICHARD C.	agent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TII 1.2 No.	Agent signature required ILE AME REET ADDRESS TY-ST-ZIP	uired when reinstating)	DATE	D DIRECTO	ORS IN 12	2E034 (
SIGNATURE 12. · TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS DPS PFAFF, RICHARD C. 1939 VALENCIA WAY CLEARWATER FL 33764 D	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TIX 1.2 NA 1.3 ST 1.4 CF	Agent signature required to the signature re	uired when reinstating)	DATE	D DIRECTO	DRS IN 12	2E034 (
SIGNATURE 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS DPS PFAFF, RICHARD C. 1939 VALENCIA WAY CLEARWATER FL 33764	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TD 1.2 NA 1.3 ST 1.4 CF 2.1 TD 2.2 NA	Agent signature required to the signature re	uired when reinstating)	DATE	D DIRECTO	DRS IN 12	2E034 (
SIGNATURE 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS DPS PFAFF, RICHARD C. 1939 VALENCIA WAY CLEARWATER FL 33764 D PFAFF, ARLENE	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent signature required. TLE AME REET ADDRESS TY-ST-ZIP TLE MME	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 Addition	CR2En34 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS DPS PFAFF, RICHARD C. 1939 VALENCIA WAY CLEARWATER FL 33764 D PFAFF, ARLENE 1939 VALENICA WAY	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent signature required. TLE AME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TTY-ST-ZIP	uired when reinstating)	DATE	D DIRECTO	DRS IN 12	2E034 (
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS DPS PFAFF, RICHARD C. 1939 VALENCIA WAY CLEARWATER FL 33764 D PFAFF, ARLENE 1939 VALENICA WAY CLEARWATER FL	Bgent and title if applicable. (NOTE AND DIRECTORS DELETE XXDELETE DELETE	: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI	Agent signature required. TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP	uired when reinstating)	DATE	D DIRECTO Change	ORS IN 12 Addition Addition Addition	2E034 (
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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 of supplemental annual report is true and occurate 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.

SIGNATURE: