## 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 Jan 29, 1999 8:00am Secretary of State

01-29-1999 90012 016 \*\*\*158.75

DOCU  1. Corporation	MENT # <b>V39673</b>	•						
1. Corporation	AR PLUS OF WATERLOO, IN	ıc '			1			
	AITTEOU OF WATERLOOP IN	10.			A STATE OF THE STA	880 (1)) 8)8)) 1	11 <b>0</b> 90 <b>010</b> 00 <b>0</b> 5 <b>0</b> 01 <b>1</b>	11011 BIB11 1991
		•						
Principal Plac	ce of Business	Mailing Address				<b>449</b> 1111 <b>616</b> 51 <b>4</b>	HUNI BANAN BIQIN Y	II AIS BIAN IANI
429 S BEACH		429 S BEACH RD						
) Hobe Sound   US	FL 33455	HOBE SOUND FL 33459	i		DO NOT WRI	TE IN THIS	SDACE	غى ر
00		US			3. Date incorporated or Qualifed	TE III IIIIO	, di AOL	7
}					05/29/1992		* •	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21	<u>.</u>	26			65-0336562	<u> </u>		t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	X	\$8.75 A	
City & Sta	te	City & State		··	6. Election Campaign Financing		\$5.00	<u></u>
23	•	28			Trust Fund Contribution	· 🗖	Added t	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curr	ent year int		
24	25	29	30		Personal Property Tax.		Yes	□No
}	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New F	Registered	Agent	
DO	MENCICH, THOMAS A				·		` 	
429	S BEACH RD	1	)	82 Street Ad	Idress (P.O. Box Number is Not Accepta	able)		}
ļ HO8	BE SOUND FL 33455		j	83	40 7 7 8 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1			86 x 10 100
ļ	•	•	}	84 City	310,000,000	(4) (1) (1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	85 Zip C	2000
ware Signal	March & March Co.	4 142 11 11 11		City		FL	. ] . ]	}
44 Dureught	to the previous of Cartison CO7 OFOC	A THE PART OF THE PART OF				aumana of		
l office or i	registered agent, or both, in the State of	if Florida: Such change wa	s authorized	by the corpora	rporation submits this statement for the	ot the appoi	cnanging its ntment as red	registered distered
l office or i	registered agent, or both; in the State of am familiar with, and accept the obligation	if Florida: Such change wa	s authorized	by the corpora	rporation submits this statement for the tion's board of directors. I hereby acce	ot the appoi	changing its ntment as rec	registered gistered
l office or i	registered agent, or both, in the State or am familiar with, and accept the obligation	of Florida: Such change wa ions of, Section 607.0505,	s authorized Florida Statu	by the corpora ites.	tion's board of directors. I hereby accep	ot the appoi	ntment as rec	registered gistered
ੀ agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, and title if applicable.  (No.	s authorized Florida Statu	by the corpora ites.	irporation submits this statement for the statement for the statement of the statement for the stateme	ot the appoi	ntment as rec	gistered
office or agent. I a	registered agent, or both, in the State or am familiar with, and accept the obligation of signature, typed or printed name of registered agent.  OFFICERS AND	ons of, Section 607.0505, and title if applicable.  (No.	s authorized Florida Statu OTE: Registered	by the corpora ites.  Agent signature requ	nition's board of directors. I hereby acception	of the appoi	ntment as rec	gistered
SIGNATURE	registered agent, or both, in the State or am familiar with, and accept the obligation of signature, typed or printed name of registered agent.  OFFICERS AND DOMENCICH, THOMAS A	ons of, Section 607.0505, and title if applicable.  O DIRECTORS	s authorized Florida Statu OTE: Registered 13.	by the corpora  tes.  Agent signature requ  LE	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ntment as req	RS IN 12
street Address	registered agent, or both, in the State or am familiar with, and accept the obligation of superior of	ons of, Section 607.0505, and title if applicable.  O DIRECTORS	s authorized Florida Statu DTE: Registered 13. 1.1 TT 1.2 NA	by the corporates.  Agent signature requirements  LE  ME  REET ADDRESS	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ntment as req	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State or am familiar with, and accept the obligation of signature, typed or printed name of registered agent.  OFFICERS AND DOMENCICH, THOMAS A	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS	s authorized Florida Statu DTE: Registered 13. 1.1 TT 1.2 NA 1.3 STI 1.4 CTI	by the corpora intes.  Agent signature requires.  LE  ME  REET ADDRESS  Y-ST-ZIP	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ID DIRECTO	RS IN 12
agent. La SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State or am familiar with, and accept the obligation of superior of	ons of, Section 607.0505, and title if applicable.  O DIRECTORS	s authorized Florida Statu.  OTE: Registered  13.  1.1 TT  1.2 NA  1.3 STI  1.4 CR  2.1 TT	by the corpora intes.  Agent signature requ  LE  ME  REET ADDRESS  Y-ST-ZIP  LE	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ntment as req	RS IN 12
agent. La SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS	s authorized Florida Statu.  OTE: Registered  13.  1.1 TIT  1.2 NA  1.3 STI  1.4 CIT  2.2 NA	by the corporates.  Agent signature requires.  LE  ME  REET ADDRESS  Y- ST- ZIP  LE  ME	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ID DIRECTO	RS IN 12
agent. La SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS	s authorized Florida Statu.  OTE: Registered  13.  1.1 TIT  1.2 NA  1.3 STI  1.4 CFI  2.2 NA  2.3 STI  2.3 STI	by the corporates.  Agent signature requires.  Agent signature requires.  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ID DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS	s authorized Florida Statu.  OTE: Registered  13.  1.1 TIT  1.2 NA  1.3 STI  1.4 CFI  2.2 NA  2.3 STI  2.3 STI	by the corpora intes.  Agent signature requ  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ID DIRECTO	RS IN 12
agent. La signature  12. Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE	s authorized Florida Statu.  OTE: Registered  13.  1.1 TIT  1.2 NA  1.3 STI  1.4 CIT  2.2 NA  2.3 STI  2.4 CIT  2.4 CIT	by the corporates.  Agent signature requires.  Agent signature requires.  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ID DIRECTO Change	RS IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE	s authorized Florida Statu.  OTE: Registered  13.  1.1 TIT  1.2 NA  1.3 STI  1.4 CIT  2.1 TIT  2.2 NA  2.3 STI  2.4 CIT  3.1 TIT  3.2 NA	by the corporates.  Agent signature requires.  Agent signature requires.  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ID DIRECTO Change	RS IN 12  Addition  Addition
office or agent. I a signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO D DIRECTORS  DELETE  DELETE	s authorized Florida Statu.  OTE: Registered  13.  1.1 TIT  1.2 NA  1.3 STI  1.4 CR  2.1 TIT  2.2 NA  2.3 STI  2.4 CC  3.1 TIT  3.2 NA  3.3 STI  3.4 CC  3.4 CC	by the corporates.  Agent signature requires.  Agent signature requires.  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ID DIRECTO Change	RS IN 12  Addition  Addition
office or agent. I a signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE	s authorized Florida Statu TE: Registered 13. 1.1 TIT 12 NA 1.3 STI 22 NA 2.3 STI 32 NA 33 STI 34. CF 4.1 TIT 5.1 TIT	by the corporates.  Agent signature requires.  Agent signature requires.  Agent signature requires.  ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	of the appoi	ID DIRECTO Change	RS IN 12  Addition  Addition
agent. I a signature  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP TITLE NAME:	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE  DELETE  DELETE  DELETE	s authorized Florida Statu.  TE: Registered  13. 1.1 TIT 12 NA 13 STI 22 NA 23 STI 2.4 CF 3.1 TIT 32 NA 33 STT 34. CF 4.1 TITI 4. 2 NA	by the corporates.  Agent signature requires.  Agent Address  IT - ST - ZIP  LE  ME  REET ADDRESS  IT - ST - ZIP  LE  ME  ME	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change	RS IN 12  Addition  Addition
office or agent. I a signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO D DIRECTORS  DELETE  DELETE	s authorized Florida Statu.  TE: Registered  13.  1.1 TIT  12 NA  1.3 STI  22 NA  2.3 STI  32 NA  33 STI  34. CI  4.1 TITI  4.2 NA  4.3 STI	by the corporates.  Agent signature requires.  Agent Address  IV-ST-ZIP  LE  ME  REET ADDRESS  IV-ST-ZIP  LE  ME  REET ADDRESS  REET ADDRESS	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change	RS IN 12  Addition  Addition
office or agent. I a gent. I a signature  12. Title NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE  DELETE  DELETE  DELETE	s authorized Florida Statu.  TE: Registered  13.  1.1 TIT  12 NA  1.3 STI  22 NA  2.3 STI  32 NA  33 STI  34. CI  4.1 TITI  4.2 NA  4.3 STI	by the corporates.  Agent signature requires.  Agent ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change	RS IN 12  Addition  Addition
agent. I a signature  12. Title NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE DELETE	s authorized Florida Statu.  TE: Registered  13. 1.1 TIT 12 NA 13 STI 22 NA 23 STI 2.4 CF 3.1 TIT 32 NA 33 STT 4.1 TITI 4.2 NA 4.3 STF 4.1 TITI 52 NA	by the corporates.  Agent signature requires.  Agent Address  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change Change	RS IN 12 Addition Addition Addition
agent. I a signature  12. Title name  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE DELETE	s authorized Florida Statu.  TE: Registered  13. 1.1 TIT 12 NA 1.3 STI 22 NA 2.3 STI 32 NA 33 STI 4. CI 4.1 TITI 4.2 NA 4.3 STI 5.1 TITI 5.2 NAI 5.3 STI 5.3 STI	by the corporates.  Agent signature requires.  Agent Address  Y-ST-ZIP  LE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change Change	RS IN 12 Addition Addition Addition
OFFICE OF AGENT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE DELETE DELETE DELETE	S authorized Florida Statu.  OTE: Registered  13.  1.1 III  12 NA  13 STI  21 TIT  22 NA  23 STI  34. CIT  4.1 TITI  4.2 NA  4.3 STI  5.1 TIT  5.2 NA  5.3 STI  5.4 CIT  5.4 CIT	by the corporates.  Agent signature requires.  Agent signature requires.  ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE DELETE	s authorized Florida Statu.  TE: Registered  13. 1.1 TIT 12 NA 13 STI 22 NA 23 STI 32 NA 33 STI 4.1 TITI 4.2 NA 4.3 STI 5.1 TITI 5.2 NA 5.3 STI 5.4 CIT 6.1 TITI 6.1 TITI 6.1 TITI	by the corporates.  Agent signature requires.  Agent Address  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change Change	RS IN 12 Addition Addition Addition
agent. I a signature  12. Title name  STREET ADDRESS CITY-ST-ZIP  TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the college of the co	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE DELETE DELETE DELETE	S authorized Florida Statu.  TE: Registered  13. 1.1 TIT 12 NA 1.3 STI 22 NA 2.3 STI 3.1 TIT 32 NA 33 STI 4. CIT 4.1 TITI 4.2 NA 4.3 STI 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TITI 6.2 NA	by the corporates.  Agent signature requires.  Agent Address  Y-ST-ZIP  LE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	ons of, Section 607.0505, and title if applicable. (NO DIRECTORS DELETE DELETE DELETE DELETE	S authorized Florida Statu.  TE: Registered  13. 1.1 TIT 12 NA 13 STI 22 NA 23 STI 32 NA 33 STI 4.2 CI 4.1 TIT 4.2 NA 4.3 STI 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TITI 6.2 NA 6.3 STI 6.3 STI	by the corporates.  Agent signature requires.  Agent Address  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE	ation's board of directors. I hereby acceptive when reinstating)  ADDITIONS/CHANGES TO OF	ot the appoi	ID DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

4. 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

561-545-9571

Daytime Phone

CR2E034 (11/98