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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

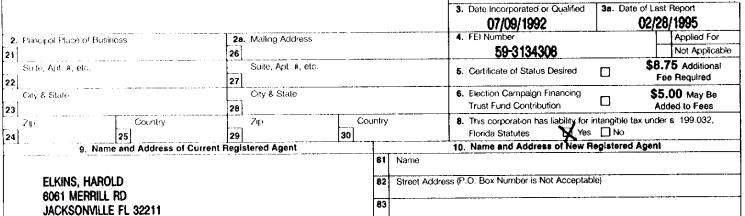
DOCUMENT # V49

(4)

ARLINGTON SHELL, INC.

Principal Place of Business Mailing Address

7430 ATLANTIC BLVD JACKSONVILLE FL 32211 7430 ATLANTIC BLVD JACKSONVILLE FL 32211



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.

84 City

SIGNATURE s	sey ar we, types or printed name of registered agent and title if apple about	(NOTE F	Rugistered Agent's gnature required to	when reinstating) DA	TŁ .	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILF	D	DELETE	1. 1 TITLE		Change	☐ Addition
NAME	CHOI, YOUNG		1.2 NAME			
STREET ADDRESS	7430 ATLANTIC BLVD		1.3 STREET ADDRESS			
CITY - ST - ZiF	JACKSONVILLE FL		1.4 CITY - ST - ZIP			
1) f. F	D	DELETE	2 1 1ITLF		Change	Addition
NAME	CHUNG, YOUNG		2.2 NAME			
STREET ADDRESS	13472 PRINCESEKELLY DR.		2.3 STREET ADDRESS			
0(1) -S1 Z/P	JACKSONVILLE FL		24 CITY - ST - ZIP			
) lif		DELETE	3 1 TITLE		Change	Addition
NAMIL			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
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IIT; E		DELETE	4 1 TitlE		Change	Addition
NAM			4 2 NAME			
STREET ADDICESS			4.3 STREET ADDRESS			
City+\$1+70°		·~·	4.4 CITY - ST - ZIP			
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NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CIFY ST-ZP			5 4 CITY-ST-ZIP			
THEF		DELETE	6 1 TITLE		Change	Addition 1
NAME			6.2 NAME			
S*REET ADDRESS			63 STREFT ADDRESS			
0(1) - \$1 - 2(0)			6.4 CITY - ST - ZIP	discontinuities of the continuities of the con) file ade file a	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-96 90

904-724-1490 Daytime Phone ii R2E034 (12/95)

Zip Code

85