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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90037 039 \*\*\*150.00

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # V65061

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A.R.S. 2, INC.													
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Principal Place of Business Mailing Address								1		1.48.14.4			
241 B GROVE ST. SO.         241 B GROVE ST. SO.           VENICE FL 34292         VENICE FL 34292										T WRITE IN T	HIS SPACE		
	-							3. Date Inc 09/18/	orporated or Qu	alifed			
- 0: ::-IBI	f Business		. 2a	Mailing Address				4. FEI Nun	nber		1 1 1	Applied For	
2. Principal Place of Business				26				65-037	75369			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certifcat	te of Status Des	ired □	\$8:7	5 Additional Required	
22 City & State				City & State				6. Election	Campaign Fina	ncing ‡		00 May Be	
City & State				28					and Contribution			ed to Fees	
Zip Country			29	Zip Cour				Persona	poration owes t		, Lu Yes	<b>X</b> No	
24		Address of Cu		tered Agent				10. Name a	and Address of	New Registe			
	3. Name chie	,	1			81	Name			· · ·		·	
JONES, STEVEN 241 B GROVE ST. SO.							Street A	Address (P.O. Box	Number is Not	Acceptable)			
VENICE FL 34292				•				1.0					
						84	City		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		EL 85	ip Code	
			7.0500 -+4.6	07.1508, Florida Stat	utos the	ahove	e-named o	corporation submits	s this statement	for the purpos	e of changin	its registered	
11. Pursuant i office or re agent. I ar	to the provisions egistered agent, m familiar with, a	of Sections 60 or both, in the S and accept the c	7.0502 and 6 State of Florid obligations of	07.1508, Florida Stat Ia. Such change was , Section 607.0505, F	authorize lorida Sta	d by tutes	the corpo	ration's board of d	irectors. I hereb	y accept the a	ppointment	registered	
SIGNATURE			A North Nillo	if contingable (NC	TF: Registere	d Ager	nt signature re	equired when reinstating)	1736.1	DAT			
	Signature, typed or pri		S AND DIRE	<del></del>	13			ADDITIC	NS/CHANGES	TO OFFICER		CTORS IN 12	ĺ
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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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under loath; 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 haime appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other filke empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP