

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756668 (0)

1. Corporation Name  
**ARCH CREEK TRUST, INC.**



Principal Place of Business: 1855 NE 135TH STREET NORTH MIAMI FL 33181-8901  
Mailing Address: 1855 NE 135TH STREET NORTH MIAMI FL 33181-8901

3. Date Incorporated or Qualified: 03/09/1981  
3a. Date of Last Report: 03/15/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2214211	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

HELENE, CAROL  
431 NW 146 ST  
MIAMI FL 33168

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOYCE, ROSEY	1.2 NAME	
STREET ADDRESS	14141 N.W. 1 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, JOAN	2.2 NAME	
STREET ADDRESS	380 N.W. 129 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, JOE	3.2 NAME	
STREET ADDRESS	1525 N.E. 125TH STREET #201	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ARLENE	4.2 NAME	
STREET ADDRESS	1777 VENICE DRIVE, #233	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERBA, AMY	5.2 NAME	
STREET ADDRESS	2374 NE 183 TERR	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, HENRIETTE	6.2 NAME	
STREET ADDRESS	1025 N.E. 146 ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI FL	6.4 CITY - ST - ZIP	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol J. Helene* Carol J. Helene 2/5/96 305-681-6319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)