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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUI 1. Corporation	MENT # 756668	3 (0)				
ARCH CREEK TRUST, INC.					' I SADILI NASAI DIVIK AKING BINIK BINIK BINIK	811 81811 81811 88811 81811 81815 81815
Principal Place of Business Mailing Address					4 104511 1000 0110 0110 0110 0110 0110 0	fir milit grat kinit diet din in bin in die
1855 NE 135TH STREET         1855 NE 135TH STREET           NORTH MIAMI FL 33181-8901         NORTH MIAMI FL 33181-1901						
				: •	3. Date Incorporated or Qualified 03/09/1981	3a. Date of Last Report 03/18/1996
2. Principal Place of Business 2a. Malling Address					4. FEI Number	Applied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			<u> </u>		59-2214211	Not Applicable \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for it	ntangible tax under s. 199.032, I Yes ☑ No
24	25 9. Name and Address of Currer	29   nt Registered Agent	30		Florida Statutes  10. Name and Address of New Reg	
			81	Name		
HELENE, CAROL				Street Add	ress (P.O. Box Number is Not Acceptab	le)
431 NW 146 ST						
MIAMI FL 33168			83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statuti	es, the abov	e-named corp	poration submits this statement for the p	urpose of changing its registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was ε ations of, Section 617,0503, Flo	authorized b orida Statute	y the corpora	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	,					
	Signature, typed or printed name of registered ag	7107.1	E: Registered Ac	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE COR AND DIRECTORS IN 12
12.	VP OFFICERS AN	DELETE DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OTTIC	Change Addition
NAME	VOYCE, ROSEY		1.2 NAME	•	•	
STREET ADDRESS			1.3 STREE	T ADDRESS		· ·
City-St-ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME	QUINN, JOAN 23		2.2 NAME	Ì		
STREET ADDRESS	380 N.W. 129 STREET		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL	☐ DELETE	2. 4 CITY-	ST-ZIP		Change Addition
TITLE	D		3.1 TITLE 3.2 NAME			First Anguide First vocation
NAME STREET ADDRESS	1525 N.E. 125TH STREET #2	001		T ADDRESS		,
CITY-ST-ZIP	NORTH MIAMI FL	.01	3,4. CITY-	- 1		
TIFLE			4.1 TITLE			Change Addition
NAME	WELLS, ARLENE		4. 2 NAMI	<u> </u>		
STREET ADDRESS	1777 VENICE DRIVE, #233		4.3 STREE	T ADDRESS		
CITY - ST - ZIP	NORTH MIAMI FL		4.4 CITY-	ST-ZIP		
TITLE			5.1 TITLE	1		Change Addition
NAME	WERBA, AMY		5.2 NAME			
STREET ADDRESS	2374 NE 183 TERR		1	T ADDRESS		
CITY-ST-ZIP TITLE	N. MIAMI BEACH FL	☐ DELETE ·	5.4 CITY- 6.1 TITLE			Change Addition
NAME	d Roth, Henriette	□ bttrit	6.2 NAME			First Amerika First Leadings
STREET ADDRESS	1025 N.E. 146 ST.			T ADDRESS		

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

**SIGNATURE** 

AND THE CIRCLE VOYCE

2-10-97

685-1719 Deytime Phone • 003543

**FILED** 

Feb 18 1997 8:00am

Secretary of State