


FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
03/09/1981

4. FEI Number 59-2214211	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HELENE, CAROL
431 NW 146 ST
MIAMI FL 33168**

10. Name and Address of New Registered Agent

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

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 CAROL HELENE DATE 2/23/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VP	VOYCE, ROSEY		
	14141 N.W. 1 AVENUE		
	MIAMI FL		
SD	QUINN, JOAN		
	380 N.W. 129 STREET		
	NORTH MIAMI FL		
D	LEONARD, JOE		
	1525 N.E. 125TH STREET #201		
	NORTH MIAMI FL		
TD	WELLS, ARLENE		
	1777 VENICE DRIVE, #233		
	NORTH MIAMI FL		
D	WERBA, AMY		
	2374 NE 183 TERR		
	N. MIAMI BEACH FL		
D	ROTH, HENRIETTE		
	1025 N.E. 146 ST.		
	NORTH MIAMI FL		

1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		D	NEILL, BURNHAM	671 NE 71st ST	MIAMI, FL 33138
		4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		P	HELENE, CAROL	431 NW 146 ST	MIAMI, FL 33168
		5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		TD			
		6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 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: [Signature] DATE: 2/23/98

CP2E037 (10/97)