

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 # 763763 (0)

1. Corporation Name

A.R.C. RESIDENTIAL ALTERNATIVES, INC.



Principal Place of Business

Mailing Address

5555 BISCAYNE BLVD.
MIAMI FL 33137
US

5555 BISCAYNE BLVD.
MIAMI FL 33137
US

3. Date Incorporated or Qualified

06/28/1982

3a. Date of Last Report

03/17/1995

4. FEI Number

59-0839562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSER, MICHAEL E
5555 BISCAYNE BLVD.
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME REED, BEN
STREET ADDRESS 5555 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

11 TITLE ☒ Change ☐ Addition

12 NAME BEN REED
13 STREET ADDRESS 5555 BISCAYNE BLVD.
14 CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ DELETE

NAME ED
STREET ADDRESS 5555 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME SALAZAR, HELEN
STREET ADDRESS 5555 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

31 TITLE ☒ Change ☐ Addition

32 NAME HELEN SALAZAR
33 STREET ADDRESS 5555 BISCAYNE BLVD.
34 CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ DELETE

NAME WIENER, LARRY
STREET ADDRESS 5555 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME KUPER, RICHARD
STREET ADDRESS 5555 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

51 TITLE ☒ Change ☐ Addition

52 NAME RICHARD KUPER
53 STREET ADDRESS 5555 BISCAYNE BLVD.
54 CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME LISA LAYNE
63 STREET ADDRESS 5555 BISCAYNE
64 CITY-ST-ZIP MIAMI, FL 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-759-8500

Date

Daytime Phone #

CR2E037 (12/96)