1999



FLORIDA DEPARTMENT OF STATE

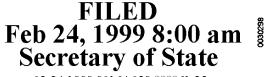
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 763763

1. Corporation Name

A.R.C. RESIDENTIAL ALTERNATIVES, INC.



02-24-1999 90164 029 ****61.25

Principal Place of Business Mailing Address					
5555 BISCAYNE BLVD. MIAMI FL 33137 US 5555 BISCAYNE BLVD. MIAMI FL 33137 US					
2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed 06/28/1982
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				-	4. FEI Number . Applied For -
22 27					59-0839562 Not Applicable
City & State City & State					5. Certificate of Status Desired \$8.75 Additional Fee Required
23			Country		6 Floation Comparing Financing \$5.00 May Po
Zip	25 29 30		_ `		Trust Fund Contribution Added to Fees
124	9. Name and Address of Curre				10. Name and Address of New Registered Agent
MESSER, MICHAEL E			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
5555 BISCAYNE BLVD. MIAMI FL 33137			83		
MPAIN I L	W101		84	City	FL 85 Zip Code
agent: I a SIGNATURE	m familiar with, and accept the oblig				orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ED	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Addition
NAME	MESSER, MICHAEL E		1.2 NAME		
STREET ADDRESS	5555 BISCAYNE BLVD.		1.3 STREE 1.4 CITY-S		
CITY-ST-ZIP	VD VD	☐ DELETE	2.1 TITLE	1-217	Change Addition
NAME	SALAZAR, HELEN		2.2 NAME		
STREET ADDRESS	SECTE BIOGRAMIE BLAD		2.3 STREET	T ADDRESS	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	ST LADDY	☐ DELETE	3.1 TITLE 3.2 NAME		C Gridings El Facilion
NAME STREET ADDRESS	WIENER, LARRY 5555 BISCAYNE BLVD.		3.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		3.4. CITY-S		
TITLE	PP	DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME 4	KUPER, RICHARD		4. 2 NAME		·
	5555 BISCAYNE BLVD.		4.3 STREET	i	
CITY-ST-ZIP TITLE	MIAMI FL 33137	☐ DELETE	4.4 CITY-S	1-219	Change Addition
NAME	REED, BEN	_	5.2 NAME		·
STREET ADDRESS	5555 BISCAYNE BLVD		5.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137		5.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME		Change Addition
NAME				ADDRESS	

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 diarriged, or on an attachment with any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: