FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 33 RAMLAND SOUTH

PROFIT CORPORATION ANNUAL REPORT

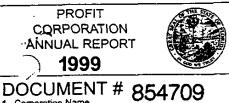
1999

ARC-COM FABRICS, INC.

1. Corporation Name

Principal Place of Business

33 RAMLAND SOUTH



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90027 030 ***150.00

•					

ORANGEBURG NY 10962 US		ORANGEBURG NY 10962 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	olied For	
	ace of busiless	26			13-2742395	No	Applicable	
21 Suite, Apt.	# etc	Suite, Apt, #, etc.			_	\$8.75 A	dditional -	
22	F, 310.	27			5. Certifcate of Status Desired	Fee Re	quired	
City & State	1	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Inta-	ngible	_	
24	25	29	o _		resonar roperty rax.	Yes	□No	
;	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
			8	1 Name			İ	
	PRENTICE-HALL CORPORATION	YSTEM INC		2 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	HAYES STREET							
STE			В	3			}	
TALL	AHASSEE FL 32301		8	4 City		85 Zip (Code	
				1 7		_		
11. Jant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named con	poration submits this statement for the purpose of c	hanging its	registered	
	egistered agent, or both, in the State on familiar with, and accept the obligation	STEIDRAS SUCE CHAPDE WAS AUG	norized u	v ule corporat	ion's board of directors. I hereby accept the appoin	unent da ·o;	1.0.0.00	
	it istinia with, and accept the congain							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ro	egistered Ag	ent signature requir	ed when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TMLE	PD	DELETE	1.1 TTLE	:		Change	Addition	
NAME	LAYNE, JEFFREY M.		1.2 NAM	E				
STREET ADDRESS	352 BALTUSTROL CIR.		1.3 STRE	ET ADDRESS			Į.	
CITY-ST-ZIP	NORTH HILLS NY		1.4 CITY	-ST-ZIP			F A 4 4 191	
πLE	STV	☐ DELETE	21 11114	:	•	Change	☐ Addition	
NAME	LAYNE, PETER D.		2.2 NAM	E				
STREET ADDRESS	100 AVON DR		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ESSEX FELLS NJ		2.4 CITY	-ST-ZIP			_=_	
TITLE	D	☆ DELETE	3.1 11114			Change	☐ Addition	
NAME	LAYNE, PETER D.		3.2 NAM	E			i	
STREET ADDRESS	100 AVON DRIVE		3.3 STRE	ET ADDRESS			İ	
CITY-ST-ZIP	ESSEX FELLS NJ	•	3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITU			☐ Change	☐ Addition	
NAME			4,2 NAV	Æ ¦			}	
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	· .	· ·		
TITLE		☐ DELETE	5.1 TITLE	<u> </u>		Change	☐ Addition	
NAME			5.2 NAM	É				
STREET ADDRESS			5.3 STRE	ET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE	- <u> </u>	☐ DELETE	6.1 TITL			Change	☐ Addition	
NAME			6.2 NAM	E]	
1			63 STR	EET ADDRESS			i	

14. 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, of on a vattaching with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE