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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300001887 (9)

ARC-ORLANDO/GP, INC.

FILED Mar 02 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				A THEOLOGIC CHIN HAIRS BY HE ADDITION OF THE CONTROL OF THE CONTRO	AT UTBUH FRUMI U		
341 BROAD ST.		341 BROAD ST.							
CLIFTON NJ 07013		CLIFTON NJ 07013				DO MOT MIDITE IN TURO CO. CO.			
						DO NOT WRITE IN THIS	SPACE		_
						3. Date Incorporated or Qualified			
9 Principal D	lace of Business	2a. Mailing Address				04/12/1993 4. FEI Number			4
—	IACE OF BUSINESS							oplied For	+
Suite, Apt.	# etc	Suite, Apt. #, etc.				22-3054123		ot Applicable	4
22	, oto.	27	≒			5. Certificate of Status Desired		Additional equired	-
City & State	9	City & State				6. Election Campaign Financing		May Be	\dashv
23		28				Trust Fund Contribution	Added 1		
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cur			┪
24	25	29	30			· · · · · · · · · · · · · · · · · · ·		No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	Agent		1
EK	CHLER, LAWRENCE ESQ.			81	Name				7
	UTHEAST FINANCIAL CENTER			62	Street Add	dress (P.O. Box Number is Not Acceptable)			\dashv
ST	E. 36 50				Oli Coli Mad	ess (1.0. box (4umber is 140) Acceptable)			
MU	AMI FL 33131			63					٦
				84	City		or Zin	Code	4
				•	Olly	FL	85 Zip (COOLE	1
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1508, Florida Statu	tes, the al	ove	-named cor	poration submits this statement for the purpose of	changing it	s registered	1
agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig-	ations of, Section 607.0505, F	aumonze Iorida Stat	a by utes	tne corpora	ation's board of directors. I hereby accept the app	ointment as	registerea	
SIGNATURE									
	Signature, typed or printed name of registered ago			Ager	nt signature requ	ired when reinslating) DATE			_ 6
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND			18
TITLE	CD AMBROSI PORFOT I	☐ DELET E	1,1 T(☐ Change	☐ Addition	3
NAME	AMBROSI, ROBERT J		1.2 NA						
STREET ADDRESS	341 BROAD STREET				ADDRESS				ļ
CITY-ST-ZIP	CLIFTON NJ 07013	DELETE 2.11		[Y+S]	r- ZIP		Change	☐ Addition	-13
TITLE	PEREL, MARC	·— · · · · · · · · · · · · · · · · · ·						Addition	`
NAME	ALL DOOLD OTDEET			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	CLIFTON NJ 07013				į į				÷
CITY-ST-ZIP TITLE	<u>R</u>	DELETE 31		TY-S	1-20		Change	Addition	\dashv
NAME	LOMICKY, CLAUDIA						L Strainge	AGG10011	
STREET ADDRESS	341 BROAD STREET				ADDRESS				
CITY-ST-ZIP	CLIFTON NJ 07013		3.4. C		***				
TITLE	CONTROL TO STATE	DELETE	4.1 TII		. 411		Change	Addition	\dashv
NAME		<u> </u>	4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CI		1				
TITLE		DELETE	5.1 717		-"		Change	Addition	1
NAME		-	5.2 NA						
STREET ADDRESS					ADDRESS				Ì
CITY-ST-ZIP			5.4 CI						l
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TIT				☐ Change	Addition	1
NAME	· É	_	62 NA				' "		1
STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP	:		6.4 DI						Ī

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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.