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

PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93815

(1)

A/R/C ASSOCIATES, INCORPORATED

601 N FERN CREEK AVE. STE 100	601 N FERN CREEK AVE. STE 100
Principa! Place of Business	Mailing Address

FILED Jan 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				- SOCIEDO VIGO EDIDO PILOS ESTAS BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI BIBLI			
601 N FERN CREEK AVE. STE 100 601 N F		601 N FERN ORLANDO FL	CREEK AVE. STE . 32803-4899	100			
						3. Date Incorporated or Qualified 08/09/1982	3a. Date of Last Report 02/07/1996
2. Principal Pa	iace of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
21		26				59-2200666	Not Applicable
Suite, Apt.	#, etc	Suite, Ap	t. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	Added to Fees
Z(p	Country	Zip		Country	<i>t</i> ·	8. This corporation has liability for	
24	25	29	30	l			Yes No
	Name and Address of Curre	ent Registered Age	nt			10. Name and Address of New Re	gistered Agent
WILL	LIAMS, JOSEPH J.			81	Name		
601	N FERN CREEK AVE, STE 100)		82	Street	Address (P.O. Box Number is Not Acceptate	ole)
ORL	ANDO FL 32803				_		
				83			
				84	City		FL 85 Zip Code
office or re	egistered agent, or both, in the Statin familiar with, and accept the obli	te of Florida, Such c igations of, Section 6	hange was auth 307.0505, Florida	orized b a Statute	y the cor s	corporation submits this statement for the poration's board of directors. I hereby acception	ot the appointment as registered
	Signature, typied or printed famile 5' resp. turco è		(NOTE Re		ent signatur	e required when reinstating)	DATE
12.		ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PD DOWN DOWN D. C.	L	ן טננגונ	1.1 TITLE			Change
NAME	DORNER, DONALD, G			1.2 NAME			
STREET ADDRESS	601 N FERN CREEK AVE				ADDRESS		
CITY-ST-ZIP	ORLANDO FL		DELETE	1.4 C(TY-5	ST-ZIP		Change Addition
TITLE	STD	1	1 ptruc	21 TITLE			Change Addition
NAME	WILLIAMS, JOSEPH J			2.2 NAME			
STREET ADDRESS	601 N FERN CREEK AVE				ADDRESS		
CITY - ST - ZIP	ORLANDO FL		DELETE	2. 4 CITY -	ST - ZIP		Change Addition
THILE		<u>L</u>	T DETEL	3.1 TITLE			La Grange La Addition
NAME				3.2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			DUETE	3.4. CITY-	ST-ZIP		Change Addition
TIFLE		L	_) DELETE	41 TITLE			FT create FT wagges
NAME.				4. 2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-S1-ZIP			DELETE	4.4 CITY-	SI - ZIP		☐ Change ☐ Addition
TITLE		_	DELETE	5.1 TITLE			L. Change L. Addition
NAME				5.2 NAME			
STREET ADDRESS			ł		T ADDRESS		
CITY-ST-ZIP			Therete	5.4 CITY-	ST-ZIP		Change Addition
TITLE		L ,] DELETE	6 1 TITLE			Change Addition
NAME				62 NAME			
STREET ADDRESS	1			63 STREE	223RDDA 1	1	
CITY-ST-ZIP	Ī			64 CITY-	ST-ZIP		

14. I do 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 d changed, or on an attachment with an address.

SIGNATURE: