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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Apr 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000130 (4)

A.R.C. MATERIALS, INC.

Principal Place of Business Mailing Address						ANNI ANUL BALBY NOOR 18411 ANUL 400
2434 BAY ISLE DR. FT. LAUDERDALE FL 33327 US		2434 BAY ISLE DR. FT. LAUDERDALE FL 33327-1408 US		•		
					3. Date Incorporated or Qualified 01/10/1994	3s. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		38-2315169	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	θ 	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	29 30		B. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Rec	Istered Agent
RAS	SSLER, C. SCOTT		81	Name		
811	1-STIRLING AD., STE. C-301-		82	Street Add	ress (P.O. Box Number is Not Acceptab	(a)
<del>[1</del>	<del>LAUDERDALE FL 83312-</del> EW ADDREESOF	On Acous	- [		to the total and the trace of t	
	do corp Dr. Su	105, AGENT	83			
	T. LAUD, 3333		84	City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	? and 607.1508, Florida S	Statutes, the above	e-named corn	poration submits this statement for the pr	JEDOSO of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.						
SIGNATURE    Signature, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)   DATE						
12.	OFFICERS AND		13.	nt signature requir	ADDITIONS/CHANGES TO OFFICE	DATE EDS AND DIDECTORS IN 10
TITLE	P	DELETE			ADDITIONS/OFFANGES TO GITTO	Change Addition
NAME	GOTTLIEB, RICHARD A.		1.2 NAME			
STREET ADDRESS	2484 BAY ISLE DR.		1.3 STREET ADORESS			
CITY-ST-ZIP	FT. ALUDERDALE FL		1.4 CITY - ST - ZIP			
TITLE	ST 🗆		E 21 TITLE			Change Addition
NAME	GOTTLIEB, RUTH R.		2.2 NAME			
STREET ADDRESS 2484 BAY ISLE DR.			2.3 STREFT	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2 4 CITY - S	T-ZIP		
TITLE		DELETE				Change Addition
NAME CONTEX ADDRESS			3 2 NAME			
STREET ADDRESS			3 3 \$1REE1	· ·		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-S 4.1 TITLE	1- Z(P		Change Addition
NAME		beten	4 2 NAME			Change C Addition
STREET ADDRESS			4 3 STREET	AUUBice		
CITY-ST-ZIP			4.4 CHY-S			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE		-"-		☐ Change ☐ Addition
NAME			5.2 NAME			<u> </u>
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 C(TY+S)	- ZIP		
TITLE		DELETE	6.1 1ITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

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 opportunity is true and courage and that my signature shall have the same legal effect as if made under oath; that I sm an officer or director of the corporation of the receiver or trustee oppowered to depend this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter or or an attachment with an address.