**FILED** 

Feb 21, 1999 8:00 am

Secretary of State

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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600001423

1. Corporation Name

A.R.C. NETWORKS CORP.

Principal Place of Business   Mailing Address													
HAUPPAUGE NY 11788   SUS   SUB-CANDERS   SUS   SUB-CANDERS   SUS   SUB-CANDERS   SUS   S	Principal Place of Business Mailing Address							1 196:140 1110 10		E)	<b>15</b> 101 (1611 910)		
US    3   DATE INCOMPTIENT THIS SPACE	1770 MOTOR PKWY 1770 MOTOR PKWY												
3. Date incorporated or Qualified 3/2/20/1996 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 11-3/24/08/14 1. Not Applicable Suite, Apt. #. etc. 2. Suite, Apt. #. etc. 3. Suite, Apt. #. etc. 3.	1							DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business	j us us										OI AGE		
Applied For   Suite, Apt. #, etc.   Suite,									or decomos			l	
Suite, Apt. #, etc.	2 Principal Place of Business 2a Mailing Address											Applied For	
Suite, Apt. #, etc. 27    Suite, Apt. #, etc. 27   City & State							11	1-3240814				<del></del>	
City & State									- Desired		\$8.75	Additional	
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year Intangible   Personal Property Tax.   Yes   No	22	27				5. Ce	stuicale of State	is Desired		Fee F	Required		
Zip   Country   Zip   Zi		е	City & State	City & State			6. Ele	ection Campaig	n Financing	 	•		
29   29   30   Personal Property Tax.   Ves   No	23						Trust Fund Contribution Added to Fees						
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal 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, and marniliar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PCD OBLETE  13. TITLE  PARRINELLO, PETER F  12. YAME  13. TITLE  PARRINELLO, PETER F  12. YAME  13. TITLE  PARRINELLO, PETER F  14. AUME  14. AUME  15. TITLE  VD OBLETE  11. TITLE  VD OBLETE  11. TITLE  VD OBLETE  11. TITLE  VD OBLETE  13. TITLE  VD OBLETE  14. TITLE  VD OBLETE  15. TITLE  VD OBLETE  14. TITLE  VD OBLETE  15. TITLE  VD OBLETE  16. TITLE  VD OBLETE  17. MOTOR PKWY  15. STREET ADDRESS  17. OMOTOR PKWY  15. TITLE  D OBLETE  17. MOTOR PKWY  15. TITLE  17. MOTOR PKWY  15	<u> </u>				Country								
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  83  84 City  FL  85 Zip Code  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 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, or with in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or with in the State of Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS  15. TITLE  16. TITLE  17. MOTOR PKWY  1.2 STREET ADDRESS  17. MOTOR PKWY  1.3 STREET ADDRESS  17. MOTOR PKWY  1.4 CITY-ST-ZIP  17. MOTOR PKWY  1.5 STREET ADDRESS  17. M	24					7 Croomar Froperty Text.						No	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  82 Street Address (P.O. Box Number is Not Acceptable)  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 agent. are 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the advances of the purpose of changing its registered agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	Name and Address of Current Registered Agent					Nome	10. Na	ame and Addr	SS OT NEW	Registered	Agent		
1201 HAYS STREET TALLAHASSEE FL 32301-2525  83  84 City FL 85 Zip Code  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, and accept the obligations of, Section 607.0508. 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 hereby accept the appointment as registered directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent. I hereby accept the appointment as	COR	PORATION SERVICE COMPANY	,		01	Name							
TALLAHASSEE FL 32301-2525    84				[1	B2	Street Addre	ss (P.O.	. Box Number is	Not Accept	able)			
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 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 and the floridal statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tills if applicable (NOTE: Registered Agent segnature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PCD  PARRINELLO, PETER F  12. NAME  SIGNATURE  PARRINELLO, PETER F  12. NAME  SICINSKI, JOSEPH G	1			<u> </u>	R3								
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  PCD  NAME  SIRRET ADDRESS  CITY-ST-ZIP  HAUPPAUGE NY 11788  14. CITY-ST-ZIP  HAUPPAUGE NY 11788  1770 MOTOR PKWY  1.3. STREET ADDRESS  CITY-ST-ZIP  HAUPPAUGE NY 11788  14. CITY-ST-ZIP  TITLE  D  SCHORESS  CITY-ST-ZIP  HAUPPAUGE NY 11788  TITLE  D  CHange  Addition  Addi	INCH BROOLE I'E OEGG I EGEG				•								
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12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or r agent. I a	egistered agent, or both, in the State	of Florida. Such change was at	uthorized I	by t	the corporation	ration su 's board	ubmits this state d of directors. I	ement for the hereby acce	pt the appoi	changing it ntment as r	is registered registered	
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NAME	L .						ADI	DITIONS/CHAN	IGES TO OF	FICERS AN			
STREET ADDRESS CITY-ST-ZIP HAUPPAUGE NY 11788  1.3 STREET ADDRESS CITY-ST-ZIP HAUPPAUGE NY 11788  1.4 CITY-ST-ZIP  TITLE VD NAME SICINSKI, JOSEPH G STREET ADDRESS 1770 MOTOR PKWY AUPPAUGE NY 11788  TITLE D NAME SCHILLER, LEWIS STREET ADDRESS 1770 MOTOR PKWY 3.3 STREET ADDRESS CITY-ST-ZIP HAUPPAUGE NY 11788  SCHILLER, LEWIS STREET ADDRESS 1770 MOTOR PKWY 3.3 STREET ADDRESS CITY-ST-ZIP HAUPPAUGE NY 11788  TITLE SCFO DELETE 4.1 TITLE SCFO DELETE 4.2 NAME SABLE, MICHAEL P STREET ADDRESS 1770 MOTOR PKWY 4.3 STREET ADDRESS CITY-ST-ZIP HAUPPAUGE NY 11788  TITLE SCFO DELETE Addition  Addition  Change Addition  TITLE CFO DELETE SITILE  TITLE  TOTALLER ADDRESS ADDRESS CITY-ST-ZIP HAUPPAUGE NY 11788  TITLE CFO DELETE SITILE  TITLE  TOTALLER ADDRESS AD			☐ DELETE								Change	: LAGORIGIT	
CITY-ST-ZIP	1	•											
TITLE VD   DELETE   D	}												
NAME   SICINSKI, JOSEPH G   1770 MOTOR PKWY   23 STREET ADDRESS   1770 MOTOR PKWY   1788   24 CITY-ST-ZIP   1770 MOTOR PKWY   1788   1770 MOTOR PKWY   1770			[] DELETE	_							D <b>™</b> Change	. ☐ Addition	
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TITLE         D         DELETE         3.1 TITLE         - □ Change □ Addition           NAME         SCHILLER, LEWIS         3.2 NAME         3.3 STREET ADDRESS           STREET ADDRESS         1770 MOTOR PKWY         3.3 STREET ADDRESS           TITLE         SCFO         □ DELETE         4.1 TITLE         □ Change         □ Addition           NAME         SABLE, MICHAEL P         4.2 NAME         4.2 NAME         4.3 STREET ADDRESS           CITY-ST-ZIP         HAUPPAUGE NY 11788         4.4 CITY-ST-ZIP         TITLE         CFO         □ DELETE         5.1 TITLE         CFO         □ Addition	1					T ZID	vew	only	Dere	عالماكع	•		
NAME         SCHILLER, LEWIS         32 NAME           STREET ADDRESS         1770 MOTOR PKWY         33 STREET ADDRESS           CITY-ST-ZIP         HAUPPAUGE NY 11788         34. CITY-ST-ZIP           TITLE         SCFO         □ DELETE         4.1 TITLE         □ Change         □ Addition           NAME         SABLE, MICHAEL P         4.2 NAME         4.2 NAME         4.3 STREET ADDRESS           CITY-ST-ZIP         HAUPPAUGE NY 11788         4.4 CITY-ST-ZIP         CFO         □ DELETE         5.1 TITLE         CFO         □ Addition			DELETE			1-217		<u> </u>			- Change	Addition	
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CITY-ST-ZIP				3.3 STR	EET	ADDRESS						!	
TITLE         SCFO         □ DELETE         4.1 TITLE         □ Change         □ Addition           NAME         SABLE, MICHAEL P         4.2 NAME           STREET ADDRESS         1770 MOTOR PKWY         4.3 STREET ADDRESS           CITY-ST-ZIP         HAUPPAUGE NY 11788         4.4 CITY-ST-ZIP           TITLE         CFO         □ DELETE         5.1 TITLE													
NAME         SABLE, MICHAEL P         4.2 NAME           STREET ADDRESS         1770 MOTOR PKWY         4.3 STREET ADDRESS           CITY-ST-ZIP         HAUPPAUGE NY 11788         4.4 CITY-ST-ZIP           TITLE         CFO         □ DELETE         5.1 TITLE         CFO			☐ DELETE	_	_			ALVE.			☐ Change	Addition	
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CITY-ST-ZIP         HAUPPAUGE NY 11788         4.4 CITY-ST-ZIP           TITLE         CFO         □ DELETE         5.1 TITLE         □ DELETE         M. Jack         □ Addition	STREET ADDRESS			4.3 STR	EET	ADDRESS							
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NAME SABLE MICHAEL 52 NAME 3470, MOTAL PKW Y			☐ DELETE	5.1 TITL	£	Č	101	E M. L.	<u> </u>		Change	☐ Addition	
	NAME	SABLE, MICHAEL		5.2 NAM	Æ	}	476	Moto	E PKI	uУ			

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OFFICER OR DIRECTOR

DELETE

1300 VETERANS MEMORIAL HIGHWAY

HAUPPAUGE NY 11788

HAMPAUGE, NY 11788

CHAIRMAN

Addition

☐ Change