


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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90035 047 \*\*\*150.00



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000001423</b> 1. Corporation Name <b>A.R.C. NETWORKS CORP.</b>			
Principal Place of Business <b>1770 MOTOR PKWY</b> <b>HAUPPAUGE NY 11788</b> <b>US</b>		Mailing Address <b>1770 MOTOR PKWY</b> <b>HAUPPAUGE NY 11788</b> <b>US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>			
10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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. 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. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PCD <input type="checkbox"/> DELETE NAME PARRINELLO, PETER F STREET ADDRESS 1770 MOTOR PKWY CITY-ST-ZIP HAUPPAUGE NY 11788 TITLE VD <input type="checkbox"/> DELETE NAME SICINSKI, JOSEPH G STREET ADDRESS 1770 MOTOR PKWY CITY-ST-ZIP HAUPPAUGE NY 11788 TITLE D <input checked="" type="checkbox"/> DELETE NAME SCHILLER, LEWIS STREET ADDRESS 1770 MOTOR PKWY CITY-ST-ZIP HAUPPAUGE NY 11788 TITLE SCFO <input type="checkbox"/> DELETE NAME SABLE, MICHAEL P STREET ADDRESS 1770 MOTOR PKWY CITY-ST-ZIP HAUPPAUGE NY 11788 TITLE CFO <input type="checkbox"/> DELETE NAME SABLE, MICHAEL STREET ADDRESS 1300 VETERANS MEMORIAL HIGHWAY CITY-ST-ZIP HAUPPAUGE NY 11788 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <i>No longer V.P.</i> 2.3 STREET ADDRESS <i>Now only Director</i> 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <i>CFO SABLE, Michael</i> 5.3 STREET ADDRESS <i>1770 Motor Pkwy</i> 5.4 CITY-ST-ZIP <i>HAUPPAUGE, NY 11788</i> 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME <i>CHAIRMAN Richter Seymour</i> 6.3 STREET ADDRESS <i>1770 Motor Pkwy</i> 6.4 CITY-ST-ZIP <i>HAUPPAUGE, NY 11788</i>			

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.

SIGNATURE:

*M. SABLE*  
MICHAEL P. SABLE  
OFFICER OR DIRECTOR

Date

*1/4/99*

Daytime Phone #

*516-582-2222*

CR2E034 (11/98)