## 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

## F9700006407 (7) DOCUMENT #

ARCATA ASSOCIATES, INC.

## FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address **4220 ARCATA WAY** 4220 ARCATA WAY NORTH LAS VEGAS NV 89030 NORTH LAS VEGAS NV 89030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1997 Applied For 2. Principal Place of Business 2s. Mailing Address 4. FEI Number 94-2511-090 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zφ Country ZID 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GRAVES, TOMMY 203 W.D. AVE, SUITE 104 Street Address (P.O. Box Number is Not Acceptable) EGLIN AFB FL 32542-6867 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered signal and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE WONG, LAWRENCE T NAME 1.2 NAME 4220 ARCATA WAY STREET ADDRESS 1.3 STREET ADDRESS NORTH LAS VEGAS NV 89030 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE WONG, NANCY C NAME 22 NAME 4220 ARCATA WAY STREET ADDRESS 2.3 STREET ADDRESS NORTH LAS VEGAS NV 89030 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP ... DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZW 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 suppliemental 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.

SIGNATURE: