

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L10058 (0)**

1. Corporation Name  
**ARCTURUS, INC.**



Principal Place of Business  
**1581 ROBERT J CONLAN BLVD.  
SUITE 106  
PALM BAY FL 32905**

Mailing Address  
**P.O. BOX 789  
MELBOURNE FL 32902**

3. Date Incorporated or Qualified **08/18/1989** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2960009** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

**9. Name and Address of Current Registered Agent**

**SMITH, NONA GRANT  
1581 ROBERT J. CONLAN BLVD. N.E.  
SUITE 106  
PALM BAY FL 32905**

**10. Name and Address of New Registered Agent**

81 Name **Theresa C. O'Brien**

82 Street Address (P.O. Box Number is Not Acceptable)  
**20244 Melville Street**

83

84 City **Orlando** FL 85 Zip Code **32833**

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

**Theresa C. O'Brien, President**

(NOTE: Registered Agent signature required when re-stating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	SMITH, NONA GRANT	1581 ROBERT J. CONLAN BL	PALM BAY FL	<input checked="" type="checkbox"/>
DVS	O'BRIEN, THERESA	20244 MELVILLE ST.	ORLANDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
D/P/T	O'Brien, Theresa C.	20244 Melville Street	Orlando, FL 32833	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/V/S	O'Brien, William	20244 Melville Street	Orlando, FL 32833	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Theresa C. O'Brien*

**Theresa C. O'Brien, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)