

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON/OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # L77127 (3)**

**1. Corporation Name  
ARC MASTERS, INC.**



**Principal Place of Business**  
1621 N.W. 85TH WAY  
PEMBROKE PINES FL 33021-6747

**Mailing Address**  
1621 N.W. 85TH WAY  
PEMBROKE PINES FL 33021-6747

**3. Date Incorporated or Qualified** 06/01/1990  
**3a. Date of Last Report** 08/14/1995

**4. FEI Number** 65-0216915  
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. 193.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**

<b>21</b> 12753 77th Pl N.	<b>26</b> 12753 77th Pl N.
Suite, Apt #, etc.	Suite, Apt #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b> West Palm Beach, FL	<b>28</b> West Palm Beach, FL
Zip	Zip
<b>24</b> 33412	<b>29</b> 33412
Country	Country
<b>25</b>	<b>30</b>

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

**PETER J. KONDRACKI**  
1621 NW 85TH WAY  
PEMBROKE PINES FL 33025

**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>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** \_\_\_\_\_ (NOTE: Registered Agent signature required when rotating) \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DP</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>KONDRACKI, PETER J.</b>	
<b>STREET ADDRESS</b>	<b>12753 77TH PLACE N.</b>	
<b>CITY - ST - ZIP</b>	<b>WEST PALM BEACH FL</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>KONDRACKI, MARJORIE C.</b>	
<b>STREET ADDRESS</b>	<b>12753 77TH PLACE N.</b>	
<b>CITY - ST - ZIP</b>	<b>WEST PALM BEACH FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

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

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Marjorie Kondracki* 8-1-96 753-1747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)