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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**'1996** 

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

1. Corporation Name

(6)

ARCH SOUTHEAST COMMUNICATIONS, INC.

Principal Place of Business Mailing Address  2893 NORTH HARBOR CITY BOULEVARD 1800 WEST PARK						[			
MELBOURNE FL 32935 250			. 04504						
US		US US	WESTBOROUGH MA 01581 US			3. Date Incorporated or Qualified 01/13/1989	3a. Date of Last Report 05/08/1995		
2. Principal Plac	e of Business	2a. Mailing Address	Mailing Address			4. FEI Number 62-1298311	Applied For Not Applicable		
Suite, Apt. #, etc.		26 Suite, Apt. #, etc. 27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	,			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Gountry	Zip	30	intry		This corporation has liability for Florida Statutes	intangible ta	x under s	199.032,
24	25 9. Name and Address of Curre	nt Registered Agent		(···		10. Name and Address of New F	Registered	Agent	
	5. Name and Address of Cone	III Helioterea Marit		81	Name				
THE PR	TATTICE LIALL CODDODATION	CACLEM INC		<u> </u>		CO. Clay Nivestrania Nat Against	alo)		
THE PRENTICE-HALL CORPORATION SYSTEM, INC				82	Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYES STREET				83					
SUITE 105								12217	
TALLAHASSEE FL 32301				84 City			FL	85 Zip	Code
CIGNATI IDE	Signature, typed or printed name of regularies ago		(NO1). Registerer		nt signatura required	tion submits this statement for the pl d of directors. I hereby accept the app	DATE		
12.	OFFICERS A	ND DIFIECTORS	13.			ADDITIONS/CHANGES TO OF			
TITLE	P	☐ DELETE		1, 1 TOLE			L	Change	Addition
NAME	BAKER, C.E		1.2 N	AM.E					
STREET ADDRESS	1800 WEST PARK DR, SUI	TE 250	1.3 S	TREE	1 ADDRESS				
DITY-ST-ZIP	WESTBORO MA		140	HY-	ST-ZIP				El Addition
TITLE	V	DELETE	2 1 1	TITLE				Change	Addition
NAME	SAYNOR, J.B.		22 N	IAME					
STREET ADDRESS	1800 WEST PARK DR, SUI	TE 250	233	STREE	T ADDRESS				
CITY - ST - ZIP	WESTBORO MA	v v v v v v v v v v v v v v v v v v v			ST-ZIF	:		Change	Addition
TITLE	\$	☐ DELETE		TITLE				L. I Griange	L] Addition
NAME	WATZKE, G.B.			MAME					
STREFT ADDRESS	745 ATLANTIC AVE, 10 FL				ET ADDRESS				
CITY-ST-ZIP	BOSTON MA				ST - ZIP			Change	Addition
TITLE	V	DELETE:		TITLE	1			L Orlange	LT Magricon
NAME	WILSON, WILLIAM A			NAME	1				
STREET ADDRESS	1800 WEST PARK DR, SU	ITE 250			ET ADDRESS				
CITY-\$1-ZIP	WESTBORO MA			-	ST-ZIP			Change	☐ Addition
TITLE	T	DELETE		TITLE				L Change	LJ Addition
NAME	CIMMINO, GERALD J		52	NAME					

14. If do hereby certify that the information supplied with this filing is voluntarily turnished 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 er supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report er supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or indicated on this annual report 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 chapted, or organization that my address. AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GELUID J. C. MMIDO 4/19/9C SIGNATURE:

1800 WEST PARK DR SUITE 250

1800 W. PARK DR. STE. 250

**WESTBORO MA** 

HILLERY, FRANK

**WESTBORO MA** 

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CHY-ST-ZIP

5.4 CITY- ST- ZIP

6. 1 TITLE

62 NAME

DELETE

Change

\_\_\_\_ Addition