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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000014775 (9)

1. Corporation Name
ARCO ENTERPRISES, INC.



Principal Place of Business
1426 W. BUSCH BLVD.
SUITE A
TAMPA FL 33612
US

Mailing Address
P.O. BOX 16404
TEMPLE TERRACE FL 33687-6404
US

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 08/12/1996
4. FEI Number: 59-3167703
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
21 9384 N 56th Street
Suite Apt. #, etc.:
22 Suite 7
City & State:
23 Temple Terrace, Fl
Zip: 33617 Country: USA
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.:
27 City & State:
28 Zip: Country:
29 30

9. Name and Address of Current Registered Agent
LANGSHAW, HORACE E.
1426 W. BUSCH BLVD.
SUITE A
TAMPA FL 33612

10. Name and Address of New Registered Agent
81 Name: Langshaw, Horace E.
82 Street Address (P.O. Box Number is Not Acceptable): 9384 N 56th Street
83 Suite 7
84 City: Temple Terrace FL 85 Zip Code: 33617

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	LANGSHAW, H.E.	
STREET ADDRESS	1426 W. BUSCH BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VST	<input type="checkbox"/>
NAME	LANGSHAW, H.E.	
STREET ADDRESS	1426 W. BUSCH BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Langshaw, H.E.		
1.3 STREET ADDRESS	9384 N 56th Street, Suite 7		
1.4 CITY - ST - ZIP	Temple Terrace, Fl 33617		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Bolton, Jon C., Sr.		
2.3 STREET ADDRESS	9384 N 56th Street, Suite 7		
2.4 CITY - ST - ZIP	Temple Terrace, Fl 33617		
3.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Akins, Susan		
3.3 STREET ADDRESS	9384 N 56th Street, Suite 7		
3.4 CITY - ST - ZIP	Temple Terrace, Fl 33617		
4.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Akins, Susan		
4.3 STREET ADDRESS	9384 N 56th Street, Suite 7		
4.4 CITY - ST - ZIP	Temple Terrace, Fl 33617		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: *Horace E. Langshaw* H.E. Langshaw/PD 2-17-97 (813) 980-2503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)