

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000014775 (9)
1. Corporation Name
ARCO ENTERPRISES, INC.



Principal Place of Business 9384 N 56 ST STE 7 TEMPLE TERRACE FL 33617 US	Mailing Address P.O. BOX 16404 TEMPLE TERRACE FL 33687 US
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DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	25	29	30

3. Date Incorporated or Qualified 02/26/1993		
4. FEI Number 59-3167703	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**LANGSHAW, HORACE E.
9834 N 56 ST
STE 7
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

81 Name SUSAN AKINS	
82 Street Address (P.O. Box Number is Not Acceptable) 9384 N. 56TH ST	
83 Suite, Apt. #, etc. STE # 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 **SUSAN AKINS / S.T.** *Susan Akins* **3/30/98**
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME LANGSHAW, H.E.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 9384 N 56 ST, STE 7	CITY - ST - ZIP TEMPLE TERRACE FL	
TITLE VP	NAME BOLTON, JON C. S	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 9384 56 ST, STE 7	CITY - ST - ZIP TEMPLE TERRACE FL	
TITLE ST	NAME AKINS, SUSAN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 9384 N 56 ST, STE 7	CITY - ST - ZIP TEMPLE TERRACE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BOLTON, JON C. S	
1.3 STREET ADDRESS 9384 56 ST, STE 7	
1.4 CITY - ST - ZIP TEMPLE TERRACE FLA	
2.1 TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME AKINS, SUSAN	
2.3 STREET ADDRESS 9384 N 56 ST, STE 7	
2.4 CITY - ST - ZIP TEMPLE TERRACE FLA	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(j), 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 *Jon C. Bolton, Sr. Pres.* **3/12/98 913-980-2503**

CR2E034 (10/97)