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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90046 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000014775

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4815 E. Busch Blvd.		26		02/26/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 112		27		59-3167703	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tampa, Florida		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33617 25 US		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AKINS, SUSAN 9384 N 56TH ST STE #7 TEMPLE TERRACE FL 33617				81 Name Susan Akins			
				82 Street Address (P.O. Box Number is Not Acceptable) 4815 E. Busch Blvd.			
				83 Suite #112			
				84 City Tampa			
				85 Zip Code FL 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*
Signature, typed or printed name of registered agent and title if applicable

Susan Akins

4/9/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLTON, JON C.S.			1.2 NAME	Langshaw, H.E.		
STREET ADDRESS	9384 N 56 ST, STE 7			1.3 STREET ADDRESS	4815 E. Busch Blvd. #112		
CITY-ST-ZIP	TEMPLE TERRACE FL			1.4 CITY-ST-ZIP	Tampa, FL 33617		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKINS, SUSAN			2.2 NAME	Susan Akins		
STREET ADDRESS	9384 56 ST, STE 7			2.3 STREET ADDRESS	4815 E. Busch Blvd. #112		
CITY-ST-ZIP	TEMPLE TERRACE FL			2.4 CITY-ST-ZIP	Tampa, FL 33617		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKINS, SUSAN			3.2 NAME	Susan Akins		
STREET ADDRESS	9384 N 56 ST, STE 7			3.3 STREET ADDRESS	4815 E. Busch Blvd. #112		
CITY-ST-ZIP	TEMPLE TERRACE FL			3.4 CITY-ST-ZIP	Tampa, FL 33617		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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, with all other like empowered.

SIGNATURE: *Susan Akins* Susan Akins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

(813) 980-2503

Daytime Phone #

CR2F034 1/1/99