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FILED
May 08 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 # P94000043218 (4)

1. Corporation Name
ARCON ASSOCIATES, INC.

Principal Place of Business
1100 LINTON BLVD. SUITE C-9
DELRAY BEACH FL 33444

Mailing Address
PO BOX 4727
PORTSMOUTH NH 03802-4727



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

NOT APPLICABLE

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. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	WALSH, MICHAEL	1100 LINTON BLVD, SUITE C-9	DELRAY BEACH FL 33444	<input type="checkbox"/>
D	WALSH, MARK	1100 LINTON BLVD, SUITE C-9	DELRAY BEACH FL 33444	<input type="checkbox"/>
D	WALSH, WILLIAM	ONE CATE ST., STE E	PORTSMOUTH NH 03801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)