

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$750.)

10/2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000028640 (7)

1. Corporation Name
ARCOTI, INC.

Principal Place of Business
P.O. BOX 60838
FORT MYERS FL 33906

Mailing Address
P.O. BOX 60838
FORT MYERS FL 33906

FILED

97 AUG -5 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/12/1995	3a. Date of Last Report 08/23/1996
4. FEI Number 65-0571613	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

COTILLO, ANTONIO R
2212 CRYSTAL DRIVE
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	COTILLO, ANTONIO R	1.2 NAME	
STREET ADDRESS	2212 CRYSTAL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: _____

CR2E034 (4/97)

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TO:

DEPARTMENT OF STATE,

REF. ARCOFI INC.

TO WHOM THIS MAY CONCERN,
I AM ANTONIO R. COTILLO, PRESIDENT
OF ARCOFI INC. I CALLED YOUR OFFICE
7-29-99 IN REGARDS TO THE
SECOND NOTICE I RECIEVED FROM
YOU. I NEVER GOT THE FIRST NOTICE,
SO YOUR PHONE REPRESENTATIVE
TOLD ~~ME~~ ME TO JUST SEND THE
INITIAL 165.00 AND THIS NOTE
EXPLURNING THAT I NEVER RECIEVED
THE FIRST NOTICE. THE GENTLEMEN
I SPOKE TO SAID THAT THIS IS WHAT
I NEEDED TO DO TO RESOLVE THIS
MATTER. IF THERE IS ANY QUESTION
PLEASE CONTACT ME AT:

OFFICE 941-454-7177 DKS. PAGER 941-278-6830

Thank you *Antonio Cotillo*