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

PROFIT CORPORATION ANNUAL REPORT

1998

.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068797 (5)

ARCAMO & ASSOCIATES, INC.

Principal Place of Business Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



3082 ZAHARIAS DRIVE ORLANDO FL 32837		3062 ZAHARIAS DRIVE ORLANDO FL 32837		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified 08/15/1996	
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-3398274	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Countr 30	y 	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		1	10. Name and Address of New Register	ed Agent
	/ART, HARRY J		81	Name		
	7 E OAK STREET ISIMMEE FL 34744		82		dress (P.O. Box Number is Not Acceptable)	
			83			·
	_		84	'		
office or re	o the provisions of Sections 607.056 ogistered agent, or both, in the State in fa miliar with, and accept the oblig	e of Florida. Such change was a	authorized b	v the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·	··· 			
	Signature, typed or printed name of registered ag			ent signature requ	ired when reinstating) DATE	
12.	PT OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12 Change Addition
NAME	ARCAMOO, JUNNE	בין טנננונ	1.1 HILE 1.2 NAME			THE CHANGE THE MODIFICION
STREET ADDRESS	3062 ZAHARIAS DRIVE			T ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.3 STREE 1.4 CITY-			
TITLE	VPS	DELETE	2.1 TITLE	01-41		Change Addition
NAME	ARCAMOO, MARIA E	~	2.2 NAME			
STREET ADDRESS	3062 ZAHARIAS DRIVE			T ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-	- 1	(; · · · ·	
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRÉSS		
CITY-ST-ZIP	· <u>····</u> ·····		4.4 CITY-	ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	.]		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STAEE	T ADDRESS		
CITY-ST-ZIP	- <u>-</u>		5.4 CITY-	ST-ZIP		
TITLE		☐ DEL ĒT E	61 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-1	ST-ZIP		

14. I bereby 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: the . Element

4-20-97

4-7-240.7174