

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000034148 (1)**  
 1. Corporation Name  
**ARCOOL, INC.**



Principal Place of Business <b>3269 HAVILAND CT #102 PALM HARBOR FL 34684</b>	Mailing Address <b>3269 HAVILAND CT #102 PALM HARBOR FL 34684</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3235 Mulberry Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3235 Mulberry Dr.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Clearwater, Florida</b>	27 City & State 28 <b>Clearwater, Florida</b>
24 Zip <b>33761</b>	25 Country
29 Zip <b>33761</b>	30 Country

3. Date Incorporated or Qualified <b>04/16/1997</b>	
4. FEI Number <b>59-3438896</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ANDERSON, WALTER A**  
**29 EDGEWATER**  
**DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>2042 Australia Way West, # 2</b>
83
84 City <b>Clearwater</b> FL 85 Zip Code <b>33763</b>

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	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBERG, STEVE</b>	1.2 NAME	
STREET ADDRESS	<b>3269 HAVILAND CT #102</b>	1.3 STREET ADDRESS	<b>3235 Mulberry Dr.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 33761</b>
TITLE	<b>V</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, WALTER A</b>	2.2 NAME	
STREET ADDRESS	<b>29 EDGEWATER</b>	2.3 STREET ADDRESS	<b>2042 Australia Way West, # 2</b>
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	2.4 CITY-ST-ZIP	<b>Clearwater, FL 33763</b>
TITLE	<b>T</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, NICOLE S</b>	3.2 NAME	<b>NICOLE ROSENBERG</b>
STREET ADDRESS	<b>3269 HAVILAND CT #102</b>	3.3 STREET ADDRESS	<b>3235 Mulberry Dr.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	3.4 CITY-ST-ZIP	<b>Clearwater, FL 33761</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SECRETARY</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Anderson, Lois H</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>2042 Australia Way West, # 2</b>
TITLE		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		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.

SIGNATURE: *Steve Rosenberg*      *4/30/98*      *59-3438896*

CR2E034 (10/97)