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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S24960 (4)

ARCH COMPANY, INC.

Principal Place of Business Mailing Address P. O. BOX 812138 P.O. BOX 812138 **BOCA RATON FL 33481-2138** BOCA RATON FL 33481-2138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/15/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0237911 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zφ Žφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SIQUEIRA, GIUBERTO G 11181 JASMINE HILL CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 83 84 City 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 for both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent flam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1.1 1014 Change Addition SIQUEIRA, GIUBERTO G NAME 1.2 NAME CR2E034 11181 JASMINE HILL CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - 7IP CITY - S1 - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY - ST - ZIP DELITE Change ☐ Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - ST - ZIP DELFTE Addition TITLE 4.1 TITLE NAME 4. 2 NAME

CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 logal effect as if made under oath, that I am an officer or director of the corporation or the viceiver 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 charged or on any trustee with an address

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CHY-ST-7P

6 3 STREET ADDRESS

4.4 CITY-ST-ZIP

5 t TITLE

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NAME STREET ADDRESS

04/14/98

FILED

Apr 22 1998 8:00am

Secretary of State

Change

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Addition

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