## 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 # V42023

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ARCOM INC.

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**FILED** 

May 04 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	
11420 NW 45TH PLACE SUNRISE FL 33323	11420 NW 45TH PLACE SUNRISE FL 33323	

							3. Date incorporated or Qualified 06/08/1992										
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	ipal Place of Business 2a. Mailing Address							4. FEI Number 65-0403826					$\vdash$	Applied For Not Applicable			
21 Cuito A-A	26   Suite, Apt. #, etc.							05-1/4	<u>U3826</u>					<del></del>	<del> </del>	1	
Sulte, Apt. #, etc.         Suite, Apt. #           22         27				Apt. #, etc.	itc.		5.	Certificate	of Status	Desired				D Ad Requ	iditional ulred		
City & State	9		City 8	State				6.	Election C	ampaign	Financin	ng		\$5.0	00 N	lay Be	
23			28					1	Trust Fund	d Contrib	ution				ed to		-
Zip		Country	Zip Cour					8. This corporation owes or has paid the current year Intangible									٦
24	25 29 30				30			Ì	Personal F	roperty	Tax due .	June 30.		Yes		No	1
	9. Name	and Address of Curr	ent Registered	Agent				10.	Name an	d Addres	s of Nev	v Register	red Aç	jent			
ROSEN, DAVID					8	81	Name										٦
14400 BRW 4ETH DI AOF				١.	82 Street Address (P.O. Box Number is Not Acceptable)									4			
SUNRISE FL 33323				•	32	Street Ad	iaress (r	O. BOX NO	Imper is	AOI ACCE	ptable)						
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office or r	<b>to the</b> provis <b>ediste</b> red ac	ions of Sections 607.0 pent, or both, in the Sta	502 and 607,150 ite of Florida. Suc	8, Florida Statut ch change was	tes, the abo authorized	ove bv	e-named co the corpor	orporatio ration's l	in sub <b>mits 1</b> coard of <b>d</b> ii	nis statei ectors. I	nent for t hereby a	ne purpos ccept the	se of c appoi	nangin ntment	gilsi as re	registered alistered	
agent. I a	m <b>fa</b> miliar w	th, and accept the ob-	igations of, Secti	on 607.0505, FI	orida Statu	tes	i.					ocopi i i i	appo			g.oto.oz	ł
SIGNATURE																	
	Signature typed	or printed name of registered				Ager	nl signature rec		<del></del>			DA					4
12.		OFFICERS A	ND DIRECTORS		13.				ADDITIONS								4
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4. 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 legal effect as if made under eath; 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:

David Rosen

4-27-98

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