**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V42023 1. Corporation Name

ARCOM INC.

Principal Place	e of Business	Mailing Address			Time to the time t		
11420 NW 45TH	1 PLACE	11420 NW 45TH PLACE					
SUNRISE FL 33		SUNRISE FL 33323					
US	•	US			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		l
					06/08/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26		2	65-0403826		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> △	
22	<u></u>	27			0. 00	Fee Re	quired
City & State	e ·	City & State			6. Election Campaign Financing	\$5.00	
23				<u> </u>	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year In		m
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
				81 Name			
	en, david			82 Street Addr	fress (P.O. Box Number is Not Acceptable)		
	20 NW 45TH PLACE						
SUN	RISE FL 33323			83			
•				24 07		85 Zip C	`ada
				84 City	Fl	_  65  210 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						6 - L : t-	ragistered
office or r	existered agent or both in the State (	of Florida, Such change was	authorized	by the corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	r changing its pintment as reg	gistered
office or ragent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was	authorized	by the corporation	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	r cnanging its intment as req	gistered
office or r	existered agent or both in the State (	of Florida, Such change was tions of, Section 607.0505, Fl	authorized Iorida Stat	by the corporation	red when reinstating)  DATE	minnent as req	,istereu
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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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90071 009 \*\*\*150.00