

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90259 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 410904

1. Corporation Name
ACRELAND ENTERPRISES, CORP

Principal Place of Business
 7270 LOCHNESS DR.
 HIALEAH FL 33014

Mailing Address
 7270 LOCHNESS DR.
 HIALEAH FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1972

4. FEI Number
59-1636674

Applied For
 Not Applicable

2. Principal Place of Business
 21 **232 S.W. 179 Ave**

2a. Mailing Address
 26 **232 S.W. 179 Ave**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State
 23 **Pembroke Pines, Fl.**

27 City & State
 28 **Pembroke Pines, Fl.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33029** 25 **Broward**

29 **33029** 30 **Broward**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ALVAREZ, ARMANDO L.
7270 LOCHNESS DRIVE
MIAMI LAKES FL

10. Name and Address of New Registered Agent
 81 Name **Alvarez, Maria C.**
 82 Street Address (P.O. Box Number is Not Acceptable) **232 S.W. 179 Ave.**
 83
 84 City **Pembroke Pines** FL 85 Zip Code **33029**

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 Maria C. Alvarez (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	ALVAREZ, ARMANDO L.	
STREET ADDRESS	7270 LOCHNESS DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	TS	
NAME	ALVAREZ, MARIA	
STREET ADDRESS	7270 LOCHNESS DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P		
1.2 NAME	Alvarez, Maria C.		
1.3 STREET ADDRESS	232 S.W. 179 Ave		
1.4 CITY-ST-ZIP	Pembroke Pines, Fl		
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	232 S.W. 179 Ave.		
2.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33029		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: Maria C. Alvarez 5/7/99 954-436-3108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)