

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627651 (3)
1. Corporation Name ACC ASSOCIATES, INC.



Principal Place of Business: 1010 N. 12TH AVENUE, STE.211 PENSACOLA FL 32501
Mailing Address: 1010 N. 12TH AVENUE, STE.211 PENSACOLA FL 32501

3. Date Incorporated or Qualified: 06/27/1979
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-1916600
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 1010 N. 12th Avenue
Suite, Apt #, etc: 22 Suite 201
City & State: 23 Pensacola, FL
Zip: 24 32501
Country: 25 Escambia
2a. Mailing Address
26 1010 N. 12th Avenue
Suite, Apt #, etc: 27 Suite 201
City & State: 28 Pensacola, FL
Zip: 29 32501
Country: 30 Escambia

9. Name and Address of Current Registered Agent
RITZ, STEPHEN F
1010 N. 12TH AVENUE, STE.211
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name: Stephen F. Ritz
82 Street Address (P.O. Box Number is Not Acceptable): 1010 N. 12th Ave., Suite 201
83
84 City: Florida
85 Zip Code: FL 32501

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: [Signature] 6/24/96
Date: 6/24/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RITZ, STEPHEN F	
STREET ADDRESS	1010 N.12TH AVE.,#211	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RITZ, LOUISE B	
STREET ADDRESS	1010 N.12TH AVE.,#211	
CITY-ST-ZIP	PENSACOLA, FL 00000	
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

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen F. Ritz	
1.3 STREET ADDRESS	1010 N. 12th Avenue, Suite 201	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Louise B. Ritz	
2.3 STREET ADDRESS	1010 N. 12th Avenue, Suite 201	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Paul Dea Ritz	
3.3 STREET ADDRESS	1010 N. 12th Avenue, Suite 201	
3.4 CITY-ST-ZIP	Pensacola, FL 32501	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 6/24/96 904-438-5911
Date: 6/24/96 Phone: 904-438-5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Stephen F. Ritz, President

CR2E034 (3/96)