

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F44158** (6)

95 FEB 10 AM 11:42

1. Corporation Name
ACME UTILITY PRODUCTS, INC.

Principal Place of Business Mailing Address
P.O. BOX 81-0395, N/A POST OFFICE BOX 810395
BOCA RATON FL 33481-0398 BOCA RATON FL 33481-0395
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/14/1981** 3a. Date of Last Report **07/21/1994**
4. FEI Number **59-2143717** Applied For
Not Applicable
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 2a. Mailing Address
21 **P.O. Box 810395 (No MYPHCN)** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **BOCA RATON** 27
City & State City & State
23 **BOCA RATON FL** 28
Zip Country Zip Country
24 **33481-0395** 25 29 30

9. Name and Address of Current Registered Agent
LADIN, BENJAMIN
C-2043 NEWCASTLE DR.
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointed)

12. OFFICERS AND DIRECTORS	
TITLE	DST
NAME	LADIN, BENJAMIN
STREET ADDRESS	C-2043 NEWCASTLE DR.
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	DP
NAME	LADIN, PEARL
STREET ADDRESS	C-2043 NEWCASTLE DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33434
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33434
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 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)(b), 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.

SIGNATURE: B. Ladin B. LADIN Sec/MOR 2/6/95 1107/483-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR Date (Register Terms)