

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G09925 (0)**

1. Corporation Name

ACME SPONGE & CHAMOIS CO., INC.



Principal Place of Business

Mailing Address

P.O. BOX 338
P.O. BOX 338
TARPON SPRINGS FL 34688-7338

P.O. BOX 338
P.O. BOX 338
TARPON SPRINGS FL 34688-7338

3. Date Incorporated or Qualified **11/30/1982** 3a. Date of Last Report **03/09/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

4.	FBI Number	Applied For
	36-2097597	Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANTONIS, GEORGE M.
855 E PINE ST
TARPON SPRINGS FL 34689**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 the applicant. (NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	CANTONIS, MICHAEL G.
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CANTONIS, GEORGE M.(EXC)
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	VSD <input type="checkbox"/> DELETE
NAME	CANTONIS, JAMES M.
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	V <input type="checkbox"/> DELETE
NAME	KATSULOS, THEOPHANIS(2ND)
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HELLER, STEPHEN H.
STREET ADDRESS	855 E PINE ST
CITY-ST-ZIP	TARPON SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME
13	STREET ADDRESS
14	CITY-ST-ZIP
2	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME
23	STREET ADDRESS
24	CITY-ST-ZIP
3	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME
33	STREET ADDRESS
34	CITY-ST-ZIP
4	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME
43	STREET ADDRESS
44	CITY-ST-ZIP
5	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME
53	STREET ADDRESS
54	CITY-ST-ZIP
6	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME
63	STREET ADDRESS
64	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)(c), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96
Daytime Phone # 413-987-3222

CR2E034 (12/95)