

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

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G59055** (5)

1. Corporation Name
ACME SYSTEMS, INC.



Principal Place of Business
**3500 CYPRESS GARDENS RD.
WINTER HAVEN FL 33884-2478**

Mailing Address
**3500 CYPRESS GARDENS RD.
WINTER HAVEN FL 33884-2478**

3. Date Incorporated or Qualified
09/12/1983

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2357681

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

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 29 30 Zip Country

9. Name and Address of Current Registered Agent
**VIGOA, MIRIAM
235 CHAUCER LANE SE
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number's Not Acceptable)
232 ALACHUA DR SE

83

84 City **WINTER HAVEN, FL** 85 Zip Code **33884**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **P VIGOA, MIRIAM**

STREET ADDRESS **235 CHAUCER LANE SE**

CITY-ST-ZIP **WINTER HAVEN FL**

TITLE DELETE

NAME **S VIGOA, MIRIAM**

STREET ADDRESS **235 CHAUCER LANE SE**

CITY-ST-ZIP **WINTER HAVEN FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **232 ALACHUA DR SE**

1.4 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **232 ALACHUA DR SE**

2.4 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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, 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 on an attachment with an address.

SIGNATURE: **MIRIAM VIGOA** 1/24/97 941-324-1206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)