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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G59055

ACME SYSTEMS, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90013 040 ***150.00



Principal Plac	ce of Business	Mailing Address			-{	ITERA BINI RIBIN RIBIN BIRDIN BIR	i miniti nimit inni	
3500 CYPRESS GARDENS RD. WINTER HAVEN FL 33884-2478 WINTER HAVEN FL 33884-2478 WINTER HAVEN FL 33884-2478							· v	
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				•	3. Date Incorporated or Qualifed		•	7
		4			09/12/1983		•	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	ړ ۱
21		26			59-2357681	1	lot Applicable	1. 3
Suite, Apt.	#,etc.=====	- Sulte, Apt. #, etc			5. Certifcate of Status Desired	\$8.75	Additional	1
22		27			3. Certificate of Status Desired	Fee F	Required	_
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution	Added	to Fees	
Zip .	Country	Zip	Country		8. This corporation owes the cur			
24	25	29 3	0		Personal Property Tax.	L Yes	□No	_
- :	9. Name and Address of Current	Registered Agent	81	Mana	10. Name and Address of New	Registered Agent	<u>. + 5</u>	╣.
VIGO	OA, MIRIAM		81	Name			,	
	ALACHUA DRÍVE S.E.		82	Street Addres	ss (P.O. Box Number is Not Accept	able)	;	7
	TER HAVEN FL 33884				the second second	arte and carry of the grad	*** * **** . 194	4
	TENTIAVENTE GOODT	•	83					
		4 - 4 - 4	84	City	1 ED - Ban I. hard Butter 1		Code	┪.
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statutes f Florida, Such change was auti	, the above-	named corpor he corporation	ration submits this statement for the	purpose of changing if	s registered egistered	
	ogistores again, cribeth, in the state s	(C K COZ OFOE El	la Statutes	no oorporanon	to bould of different the followy does	prano appointment do i	ogiotoi ou	
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agent. I a SIGNATURE	ım familiar with, and accept the obligation	,						
agent. I a	am familiar with, and accept the obligation	and title if applicable. (NOTE: R	egistered Agent	signature required v	B4 1 11.11.	DATE SUCCESS AND DIRECT	ODC IN 42	
agent. I a SIGNATURE	am familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent	signature required v	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT		7,00%
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14. I hereby certify that the information supplied with indicated on this annual report or supplier entitle officer or director of the corporation or the relation block 12 or Block 13 if changed, or on an attention. this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information anual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an arrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: