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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H81318

1. Corporation Name
ACORN SYSTEMS, INC.

Principal Place of Business
PETERSON. MYERS. CRAIG. CREWS. ET AL
141 5TH STREET. NW. SUITE 300
WINTER HAVEN FL 33881-4645

Mailing Address
PETERSON. MYERS. CRAIG. CREWS. ET AL
141 5TH STREET. NW. SUITE 300
WINTER HAVEN FL 33881-4645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1985

4. FEI Number
59-2599780 Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

PETERSON MYERS CRAIG CREW BRANDON & MANN
C/O THOMAS B. PUTNAM, JR.
141 5TH STREET, NW, SUITE 300
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name RANDY SIMONDS
82 Street Address (P.O. Box Number is Not Acceptable) 155 LAMBRAUX ROAD
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 *Randy Simonds*

2-12-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSV DELETE
NAME SIMONDS, RANDY
STREET ADDRESS 155 LAMBRAUX RD SE
CITY-ST-ZIP WINTER HAVEN FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD DELETE
NAME SIMONDS, RANDY
STREET ADDRESS 155 LAMRAUX RD SE
CITY-ST-ZIP WINTER HAVEN FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: *Randy Simonds* RANDY SIMONDS 2-12-99 941-326-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)