

**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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # **J89798** (9)

1. Corporation Name  
**ACR ASSOCIATES, INC.**



Principal Place of Business: **2401 W. BAY DRIVE STE 111 LARGO FL 34640 US**  
Mailing Address: **2401 W BAY DRIVE STE 111 LARGO FL 34640 US**

3. Date Incorporated or Qualified: **08/28/1987**  
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business: **2501 W. Bay Dr**  
21. Suite, Apt. #, etc.  
2a. Mailing Address: **2501 W. Bay Dr**  
26. Suite, Apt. #, etc.

4. FEI Number: **59-2842789**  
Applied For:  Not Applicable

22. City & State  
27. City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. Zip Country  
28. Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip Country  
25. Zip Country  
29. Zip Country  
30. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ARDOLINO, JOHN  
2401 W. BAY DRIVE  
STE 111  
LARGO FL 34640**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARDOLINO, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>1727 INDIAN ROCKS RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SVT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARDOLINO, SHIRLEY</b>	2.2 NAME	
STREET ADDRESS	<b>1727 INDIAN ROCKS RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARDOLINO, SHIRLEY</b>	3.2 NAME	
STREET ADDRESS	<b>1827 INDIAN ROCKS RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: \_\_\_\_\_ DATE: **4/24/96** DAYTIME PHONE: **813-584-8480**

CR2E034 (12/95)