

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K24237 (5)

1. Corporation Name
ACORN VENTURES, INC.



Principal Place of Business 2031 HENDRICKS AVE. JACKSONVILLE FL 32207 US	Mailing Address 2031 HENDRICKS AVE. JACKSONVILLE FL 32207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1988	
21 2022 Hendricks Avenue	26 2022 Hendricks Avenue	4. FEI Number 59-2892617		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Jacksonville, FL	28 City & State Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32207	25 Country USA	29 Zip 32207	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SANDS, J. KEITH M. 1551 ATLANTIC BLVD., SUITE 200 JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent		
				81 Name Sherrie W. Salen		
				82 Street Address (P.O. Box Number is Not Acceptable)		
				2022 Hendricks Avenue		
				84 City Jacksonville	85 Zip Code FL 32207	

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 *Sherrie W. Salen* **SHERRIE W. SALEN** April 27, 1998
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	-- DVTS --	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERRY, J. KEITH			1.2 NAME	Mason, Raymond K.		
STREET ADDRESS	2031 HENDRICKS AVENUE -			1.3 STREET ADDRESS	2022 Hendricks Avenue		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	CPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASON, RAYMOND K., JR.			2.2 NAME	Moody, Marcy M.		
STREET ADDRESS	2031 HENDRICKS AVENUE			2.3 STREET ADDRESS	3664 Richmond Street		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANSON, CHARLES J.			3.2 NAME	Steuert, Varina M.		
STREET ADDRESS	1551 ATLANTIC BLVD. -			3.3 STREET ADDRESS	25 Old Farm Road		
CITY-ST-ZIP	JACKSONVILLE FL --			3.4 CITY-ST-ZIP	Darien, CT 06820		
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 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.

SIGNATURE: *Raymond K. Mason* **Raymond K. Mason** April 30, 1998 (904) 391-8166

CR2E034 (10/97)