

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

FILED

**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K51563 (0)
1. Corporation Name
ACME SUPPLY OF THE PALM BEACHES, INC.



Principal Place of Business 805 BARNETT DR 15165 MEADOW WOOD DRIVE L WORTH FL 33461 US	Mailing Address C/O EARL D. RIFFE 15165 MEADOW WOOD DRIVE WEST PALM BEACH FL 33414-9020
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3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last Report 02/20/1996
4. FEI Number 65-0084595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 805 BARNETT DR. Suite, Apt. #, etc. 22 LAKE WORTH City & State 23 FL Zip 24 33461	Country 25 U.S.A.	2a. Mailing Address 26 304 WESTWOODS CIR Suite, Apt. #, etc. 27 W. PALM BEACH City & State 28 FL Zip 29 33411	Country 30 U.S.A
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9. Name and Address of Current Registered Agent
**RIFFE, EARL D.
15165 MEADOW WOOD DRIVE
WEST PALM BEACH FL 33414**

} **NEW ADDRESS** →

10. Name and Address of New Registered Agent

81 Name RIFFE, EARL D.
82 Street Address (P.O. Box Number is Not Acceptable) 304 WESTWOODS CIR.
83 W. PALM BEACH
84 City FL
85 Zip Code 33411

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 PD	<input type="checkbox"/> DELETE
NAME RIFFE, EARL D.	
STREET ADDRESS 15165 MEADOW WOOD DRIVE	
CITY-ST-ZIP W. PALM BCH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME RIFFE, EARL D.	
1.3 STREET ADDRESS 304 WESTWOODS CIR.	
1.4 CITY-ST-ZIP W. PALM BCH FL 33411	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **2-10-97 561-585-7160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)