

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

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90124 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P11895**

1. Corporation Name  
**ACRT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2545 BAILEY RD.  
 P.O. BOX 401  
 CUYAHOGA FALLS OH 44221  
 US**

Mailing Address  
**2545 BAILEY RD.  
 P.O. BOX 401  
 CUYAHOGA OH 44221  
 US**

3. Date Incorporated or Qualified  
**10/23/1986**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

4. FEI Number  
**34-1462242**

Applied For  
 Not Applicable

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABBOTT, RICHARD EDWARD	
STREET ADDRESS	1887 PINE DRIVE	
CITY-ST-ZIP	KENT OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ABBOTT, SUE CAROL	
STREET ADDRESS	1887 PINE DRIVE	
CITY-ST-ZIP	KENT OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SALTZMAN, JEFF ALAN	
STREET ADDRESS	4190 SPRINGDALE DRIVE	
CITY-ST-ZIP	STOW OH	
TITLE		<input type="checkbox"/> DELETE
NAME	UPDEGRAFF, ALANE K.	
STREET ADDRESS	238 WEST OAK STREET	
CITY-ST-ZIP	KENT, OHIO 44240	
TITLE		<input type="checkbox"/> DELETE
NAME	HANNEBIQUE, RAYMOND JP	
STREET ADDRESS	522 CUYAHOGA STREET	
CITY-ST-ZIP	KENT, OHIO 44240	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	SEC/TRES UPDEGRAFF, ALANE K.
4.3 STREET ADDRESS	238 WEST OAK STREET
4.4 CITY-ST-ZIP	KENT, OHIO 44240
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HANNEBIQUE, RAYMOND JP
5.3 STREET ADDRESS	522 CUYAHOGA STREET
5.4 CITY-ST-ZIP	KENT, OHIO 44240
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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_  
 Daytime Phone # **330-945-7500**

CR2E034 (1/1/98)