

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061477 (2)

1. Corporation Name

THE ACORN CIRCLE, INC.



Principal Place of Business

4209 RUSSELL STREET
TEQUESTA FL

Mailing Address

4209 RUSSELL STREET
TEQUESTA FL

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip 33469

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip 33469

4. FEI Number

65-0599934

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SPRINGER, SHERIDAN M
4209 RUSSELL STREET
TEQUESTA FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code 33469

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the person who is the registered office

Signature of the person who is the registered agent or the person who is the registered office

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPRINGER, SHERIDAN M	
STREET ADDRESS	4209 RUSSELL STREET	
CITY - ST - ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPRINGER, LAWRENCE T	
STREET ADDRESS	4209 RUSSELL STREET	
CITY - ST - ZIP	TEQUESTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRISSEY, PAMELA M	
STREET ADDRESS	23200 HOLLY HILL ROAD	
CITY - ST - ZIP	HILLSBORO OR 97123	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRISSEY, BRIAN	
STREET ADDRESS	23200 HOLLY HILL ROAD	
CITY - ST - ZIP	HILLSBORO OR 97123	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, ELIZABETH S	
STREET ADDRESS	1801 CAMBRIDGE AVE., A-07	
CITY - ST - ZIP	WYOMISSING PA 19610	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP	33469	
21 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP	33469	
31 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP	WYOMISSING PA	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] President 5/15/96 407-747-3403

CR2E034 (12/95)