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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000002120 (8)

ACOF, INC.

FILED Apr 02 1998 8:00am Secretary of State

L TRESLEGAL CHE ZONN KORKA BOSHA GOLHA GOLHA PRINCESER DONLO CARRA MARKA MAGIL BELL FOGT

						
Principal Place of Business Mailing Address					LIEDINGS WE COM INDII DEW DAM SEMI SEM SEMI MEND MESS MENS HEN SEMI CEN	
	HWAY 19 NORTH	20460 US HIGHWAY 18 NORTH SUITE 402- 1019 10 Z				
SUITE-400 1014 102. CLEARWATER FL-64001 33741		CLEARWATER FL 24621-33741		1	DO NOT WRITE IN THIS SPACE	
	22 /01		7314	•	3. Date Incorporated or Qualified	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			01/09/1997	
	ace of Business	2a. Mailing Address			4. FEI Number 438212 Applied For Not Applied For	
21	# alo	26				
Suite, Apt.	w, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	ı
City & State	9	City & State				
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	ŀ
Zip	Country	Zıp	Coun	try	This corporation owes or has paid the current year Intangible	
24	25 29		30		Personal Property Tax due June 30. Yes No	
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
PA'	TEL, SANDIP I ESQ.		18	Name		
PATEL, MOORE & O'CONNOR, P.A.				2 Street A	ddress (R.O. Box Number is Not Acceptable)	\dashv
1 8167-U.S. HIGHWAY-19 NORTH, #150-				1021	HO BCIEQIC ROAD SUITE 160	
CFI	EARWATER FL 04024		6	13		
			6	4 City()	85 Zip Code]
				\sim	767 FL 1325744	
11. Pursuant i office or re agent. Lai	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	/2 and 607,1508, Florida Statu Fof Florida: Such change was ations of, Section 607,0505, F	utes, the abo authorized Iorida Statu	ove-named o by the corpo tes.	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registere	d d
SIGNATURE						_ 1
	Signature, typed or printed name of countried age			Agent signature re	equired when reinstaling) DATE	{
12.	D OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	tion
TITLE	MCCALLEY, H. LEE	E Dittil	1.2 NAM	· .		1011
	NAME STREET ADDRESS 28469 US HIGHWAY 19 NORTH, SUITE 402			ET ADDRESS (Jeffrey M. Mariele ST. 1014102	
CITY-ST-ZIP	CLEARWATER FL 34621	iiii, ooiil tol	1	-ST-ZIP	Clearwater FI 33761	ł
TITLE	D D	☐ DELETE	2.1 TITL	$\overline{}$	Change Addi	tion
NAME	MARICLE, M. J		2.2 NAM			
STREET ADDRESS	AA AAA AAA AAAA AAAAAA AAAAAAAAAAAAAAA			EET ADDRESS		l
CITY-ST-ZIP	OLEANUATED EL AARA			(-ST-ZIP		
TITLE		DELETE	3.1 TITL		Change Addi	tion
NAME			3.2 NAW	E		
STREET ADDRESS			3.3 STR	ET ADDRESS		}
CITY-ST-ZIP			3 4. CIT	r-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL		Change Addi	ion
NAME			4. 2 NA	AE		1
STREET ADDRESS			4.3 STR	EET ADDRESS		ĺ
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITU	•	☐ Change ☐ Addi	ion
NAME			5.2 NAM	E]		
STREET ADDRESS			53 STRI	ET ADDRESS		i
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL		Change Addi	ion
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRI	ET ADDRESS		
CITY . 01 . 710			64 CITY	- ST- 7ID		

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:

3-27-08 (8/3) 726-6220

A. A. Springer