


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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90032 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067399

1. Corporation Name
ACM FINANCIAL, INC.

Principal Place of Business 10402 NORTH 27TH STREET TAMPA FL 33612	Mailing Address P.O. BOX 280486 TAMPA FL 33682
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1921 Oxnard Ct		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/05/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3460643	
23 City & State Tampa FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33612		29 Country Hillsborough		30 Country	
25		26		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MARAJ, SUDESH
6829 MITCHELL CIRCLE
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name MARAJ SUDESH
82 Street Address (P.O. Box Number is Not Acceptable) 1921 OXNARD COURT
83
84 City Tampa
85 Zip Code FL 33612

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	PSD	<input type="checkbox"/> DELETE
NAME	MARAJ, SUDESH	
STREET ADDRESS	10402 NORTH 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARAJ, LAURA	
STREET ADDRESS	6829 MITCHELL CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLENDEN, TARA M	
STREET ADDRESS	10402 N 27TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARAJ SUDESH	
1.3 STREET ADDRESS	1921 OXNARD COURT	
1.4 CITY-ST-ZIP	TAMPA FL 33612	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARAJ LAURA	
2.3 STREET ADDRESS	1921 OXNARD COURT	
2.4 CITY-ST-ZIP	TAMPA FL 33612	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SARAH MAHARAJ	
3.3 STREET ADDRESS	1921 OXNARD COURT	
3.4 CITY-ST-ZIP	TAMPA FL 33612	
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 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 REQUIRED) 3-29-99 Date 813-632-9930 Daytime Phone #

CR2E034 (11/98)