

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

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

95 APR 26 AM 7:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S67253 (2)

1. Corporation Name
ACME SPECIALTIES, INC.

Principal Place of Business Mailing Address

**2803 E. COMMERCIAL BLVD.
 SUITE 202
 FT. LAUDERDALE FL 33308**

**2803 E. COMMERCIAL BLVD.
 SUITE 202
 FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/15/1991		04/12/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0277717		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	25	29	30	<input type="checkbox"/>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

FREEDMAN & MCCLOSKEY P.A.
 888 SE 3 AVE
 SUITE 400
 FT LAUDERDALE FL 33316

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

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 installing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIOWITZ, JUDITH S	1.2 NAME	
STREET ADDRESS	2803 E COMMERCIAL 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, ROBIN	2.2 NAME	
STREET ADDRESS	2803 E. COMMERCIAL BLVD 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VPTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABERLAND, KATHRYN	3.2 NAME	
STREET ADDRESS	2803 E COMMERCIAL BLVD #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENWITT, CHARLES R	4.2 NAME	
STREET ADDRESS	2803 E COMMERCIAL BLVD #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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, as changed, upon an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles R. Benwitt, Vice President

4/19/95 (305) 485-0025