

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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~~

2. Principal Place of Business

2a. Mailing Address

21 **614 N.W. Third Avenue**
Suite, Apt. #, etc.

26 **614 N.W. Third Avenue**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

24 Zip **33311**

25 Country **USA**

29 Zip **33311**

30 Country **USA**

9. Name and Address of Current Registered Agent

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

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. 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 individual or registered agent (see Block 9) (Type name)

Signature of the individual or registered agent (see Block 9) (Type name)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHIOWITZ, JUDITH S	
STREET ADDRESS	2803 E COMMERCIAL 202	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	O'DONNELL, ROBIN	
STREET ADDRESS	2803 E. COMMERCIAL BLVD 202	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	HABERLAND, KATHRYN	
STREET ADDRESS	2803 E COMMERCIAL BLVD #202	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BENWITT, CHARLES R	
STREET ADDRESS	2803 E COMMERCIAL BLVD #202	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

P/VP/T

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)(c), 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:

Kathryn Haberland
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96
Date

Printed Name

CR2E034 (12/95)