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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000018659 (0)**

1. Corporation Name
ACA TAMPA, INC.



Principal Place of Business 12384 CONDE DRIVE BROOKSVILLE FL 34613	Mailing Address 12384 CONDE DRIVE BROOKSVILLE FL 34613-5627
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2. Principal Place of Business 21 9550 U.S. Hwy 19 Suite, Apt. #, etc. 22 Suite 14 City & State 23 Port Richey FL Zip 24 34668		2a. Mailing Address 26 9550 U.S. Hwy 19 Suite, Apt. #, etc. 27 Suite 14 City & State 28 Port Richey, FL Zip 29 34668		3. Date Incorporated or Qualified 03/07/1994		3a. Date of Last Report 06/12/1996	
				4. FEI Number 59-3231913		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SMITTY SMITH 13151 SPRING HILL DR. SPRING HILL FL 34606				10. Name and Address of New Registered Agent 81 Name R. CRAIG CULLEN 82 Street Address (P.O. Box Number is Not Acceptable) 9550 U.S. Hwy 19 N., Suite 14 83 84 City Port Richey FL 85 Zip Code 34668			
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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 **R. CRAIG CULLEN** **RC Cullen** **3/28/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, R. CRAIG 6319 BALDWIN AVE. NEW PORT RICHEY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/S CULLEN, R. CRAIG 6319 BALDWIN AVE. NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS JR, WORTHINGTON E 4322 LONG CHAMP DRIVE SARASOTA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/T WATERS, JR, E. WORTHINGTON 4322 LONG CHAMP DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V RAY CAMPOS 605 DANURE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: **R. CRAIG CULLEN** **3-88-97** **813-848-5584**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)