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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000002120 (8)

1. Corporation Name
ACOF, INC.

Principal Place of Business
28469 US HIGHWAY 19 NORTH
SUITE 402 101# 102
CLEARWATER FL 34621 33761

Mailing Address
28469 US HIGHWAY 19 NORTH
SUITE 402 101# 102
CLEARWATER FL 34621 33761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, SANDIP I ESQ.
PATEL, MOORE & O'CONNOR, P.A.
18187 U.S. HIGHWAY 19 NORTH, #150
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2240 Belleair Road Suite 160

83

84 City

Clearwater

FL

85 Zip Code

33764

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MCCABEY, H. LEE
STREET ADDRESS 28469 US HIGHWAY 19 NORTH, SUITE 402
CITY-ST-ZIP CLEARWATER FL 34621

1.1 TITLE D
1.2 NAME Jeffrey M. Maricle
1.3 STREET ADDRESS 28469 US Hwy 19 N ST. 101# 102
1.4 CITY-ST-ZIP Clearwater, FL 33761

TITLE D
NAME MARICLE, M. J
STREET ADDRESS 28469 US HIGHWAY 19 NORTH, SUITE 402
CITY-ST-ZIP CLEARWATER FL 34621

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

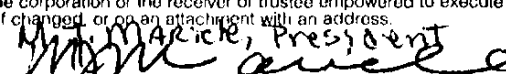
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: 

3-27-98 (813) 726-6220

CR2E034 (10/97)