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

29

PROFIT CORPORATION **ANNUAL REPORT**

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000041553 (6)

ACR AMERICAN COMPUTER RESOURCES, INC.

District Disco of Davis	A.B. Addition		
Principal Place of Business	Mailing Address		
124 8 AMELIA AVE	124 S AMELIA AVE	ĺ	
DELAND FL 32724	DELAND FL 32724 US	DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified	
		06/03/1994	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo
21	26	59-3242600	Not Applic
Suite, Apt. #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additions Fee Regulred
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be

9. Name and Address of Current Registered Agent GUSE, THERESA M 124 S AMELIA AVE **DELAND FL 32724**

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	Personal Properly Tax due June 30. Li Yes Li No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
В3	

8. This corporation owes or has paid the current year Intangible

Trust Fund Contribution

May 18 1998 8:00am

Secretary of State

Applied For Not Applicable .75 Additional

Added to Fees

Country

30

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 Lionida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature type our protect or one of respects to one of respects to one of respects to one of respects to the period of the period o						
12.	OF LICERS AND DIRECTORS	11 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	11 THUE	Change Addition			
NAME	GUSE, THERESA M	1.2 NAME				
STREET ADDRESS	124 S AMELIA AVE SUITE 201	1.3 STREET ADDRESS				
CITY+S1-ZIP	DELAND FL 32724	1.4 CITY - \$1 - ZIP				
TITLE	DELETE	2.1 TOTAL	Change Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 CITY - ST - ZIP				
TITLE	DELETE	3 + 1H LE	Change Addition			
NAME		3.2 NAME				
STREET ADORESS		3 3 STREET ADDRESS				
CITY-ST-ZIP		3 4. CITY - \$1 - 2IP				
TITLE	DELETE	4.1 THE	Change Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CiTY-ST-ZiP		44 CITY - ST - 7IP				
TITLE	DELETE	511111.F	Change Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS	ļ			
CITY-ST-ZIP		5.4 CITY - ST - ZIP				
TITLE	L DELETE	6 1 TITLE	Change Addition			
NAME		6.2 NAME				
STREET ADDRESS		63 STREET ADDRESS				

64 CITY - S1 - ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.