

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 13 1998 8:00am
Secretary of State

DOCUMENT # **K32283** (9)
1. Corporation Name
ACROCRETE, INC.



Principal Place of Business
**3009 NW 75 AVE
MIAMI FL 33122**

Mailing Address
**3009 NW 75 AVE
MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1988

4. FEI Number

65-0076365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**EHLER, HOWARD, L, JR
3009 NW 75 AVE
MIAMI FL 33122**

10. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PONCE, S. DANIEL**
STREET ADDRESS **100 S.E. 2ND ST. STE 3300**
CITY-STATE-ZIP **MIAMI FL**

TITLE **VSD** ☐ DELETE
NAME **EHLER, HOWARD, L., JR**
STREET ADDRESS **5821 SW 8TH ST**
CITY-STATE-ZIP **PLANTATION FL**

TITLE **P** ☐ DELETE
NAME **HAUSEN, FRED M**
STREET ADDRESS **3009 NW 75TH AVE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **HANSEN, FRED M**
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

500002588505
-07/14/98--01064--031
*****158.75**

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

[Signature]

7-1-98 **(65) 592-5410**

CR2E034 (5/98)



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July 7, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32362-1500

RE: Annual Report Filing Fee - "Second Notice"

Dear Sir/Madam:

Please be advised we have no record of receiving the first 1998 Profit Corporation Annual Report Packet from your office. As a result, our account department inadvertently did not pay the \$150.00 filing fee in a timely manner. Regretfully, I was not aware this obligation had not been paid.

Please note that in past years our filing fee has always been paid in a timely manner. I respectfully ask for your kind consideration to waive the \$400 penalty due to this oversight. Enclosed is our check in the amount of \$158.75 for the filing fee and a certificate of status. If you are unable to grant this request please let me know. We wish to keep the Corporation in good standing and not suffer any further penalties.

Sincerely,
Acrocrete, Inc.


Howard L. Ehler, Jr.
Vice President