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FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90048 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K32283

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 1259 N.W. 21st ST.

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach FL

Zip Country

24 33069 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip Country

29 30 30

9. Name and Address of Current Registered Agent

EHLER, HOWARD, L, JR
8009 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)

1259 N.W. 21st ST.

83

84 City

Pompano Beach

FL

85 Zip Code

33069

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 ☐ DELETE

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

TITLE ☐ DELETE

NAME
VSD EHLER, HOWARD, L, JR
STREET ADDRESS
5621 SW 8TH ST
CITY-ST-ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
P HANSEN, FRED M
STREET ADDRESS
3009 NW 75TH AVE
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

2.1 TITLE

☐

Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒

Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1259 N.W. 21st ST.
Pompano Beach FL 33069

4.1 TITLE

☐

Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 (954)917-7665

Date

Daytime Phone #

CR2E034 (1/98)