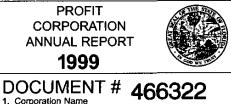
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90161 009 ***150.00

1. Corporation	Name 400322									
ACAS, II										
AUAU, II	10.						I I BANKI BIRIN BING BINGS NIKID KIDIR KIDIR BIRKI BIDI	HEREN ALANA A	FO.F. O.	
Principal Place	e of Business	Mai	ling Address				-	I BYBYL BIBLL B	1011 01011 1001	
852 "E" ROAD 852 "E" ROAD					•		·			
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470										
					DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed		i i	
							12/17/1974			
2. Principal P	lace of Business	\vdash	Mailing Address				4. FEI Number	-	plied For	
21		26					59-1569671		t Applicable	
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
City & State			City & State				A SI V. O TOTAL			
<u> </u>			·				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28	 Zip	Col	intry		This corporation owes the current year Intargular to the		7, 000	
	25	29		30	,		Personal Property Tax. Pp 2/99	exx.	No	
24	9. Name and Address of Current			30	Т		10. Name and Address of New Registered Ag	gent	=	
	THE PROPERTY OF THE PROPERTY O				81	Name				
PET	tipost, stephen M.					60	(D.O. D., N. has in Net Assemble)			
852 "E" ROAD					82 Street Address (P.O. Box Number is Not Acceptable)					
LOX	AHATCHEE FL 33470		•		83					
	•							Tail 6		
					84	City	FL	85 Zip (,ode	
11. Pursuant	to the provisions of Sections 607.0502	and 60	7.1508, Florida Statute	s, the a	bove	-named corpo	oration submits this statement for the purpose of ch	nanging its	registered	
office or r	egistered agent, or both, in the State of	f Florida	i. Such change was at Section 607 0505. Flor	ithorized ida Stat	d by t utes	the corporation	oration submits this statement for the purpose of cl in's board of directors. I hereby accept the appoint	ment as re	jistered	
	NO CHANGE	:	30011011 001 .0000, 1 101	100 0101						
SIGNATURE	Signature, typed or printed name of registered agent		applicable. (NOTE:	Registered	Agen	t signature required				
.12.	OFFICERS AND	DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P		☐ DELETE	1.1 T	TLE		•	Change	☐ Addition	
NAME	PETTIPOST, STEPHEN M.			1.2 N	AME		/·_ ··			
STREET ADDRESS	852 E ROAD			1.3 S	TREET	ADDRESS			l i	
CITY-ST-ZIP	LOXAHATCHEE FL 33470			1.4 C	ITY-ST	T-ZIP				
TITLE	DVST		☐ DELETE	2.1 T	ΠLE			Change	Addition !	
NAME	ROBERTS, MARTIN J.		•	2.2 N	AME				1	
STREET ADDRESS	2360 SOUTHEAST 13TH COUR	T		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP -	POMPANO BEACH FL 33062			2.40	XTY-S	T-ZIP				
TITLÉ	tale milet in the		☐ DELETE	3.1 T	ΠLE		The second secon	F7 04		
NAME			_			ı		Change	Addition	
STREET ADDRESS	2.445 3		_	3.2 N	AME			Change	Addition	
STREET ADDRESS			_		AME	ADDRESS		Change	Addition	
CITY-ST-ZIP				3.3 S 3.4. C	AME TREET					
CITY-ST-ZIP			☐ DELETE	3.3 S 3.4. C 4.1 T	AME TREET CITY-S			Change	Addition Addition	
CITY-ST-ZIP			☐ DELETE	3.3 S 3.4. C 4.1 T 4. 2 N	AME TREET CITY-S TILE HAME	T-ZIP				
CITY-ST-ZIP			☐ DELETE	3.3 S 3.4. C 4.1 T 4. 2 N	AME TREET CITY-S TILE HAME					
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				3.3 S 3.4. C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	AME TREET CITY-ST TLE TREET TITLE AME TREET TITY-ST TITLE TITY-ST	T ADDRESS T-ZIP		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME			☐ DELETE	3.3 S 3.4. C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 Ti 6.2 N	AME TREET CITY-S TILE VAME TREET TIY-ST TILE TIY-ST TILE TIY-ST TILE AME AME	T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Change	Addition	
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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 of 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 chapter of one agreement with an address, with all other like empowered.

SIGNATURE:

5617986811