FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # **193253** **(2)**

1. Corporation Name
ACOSTA SALES CO., INC.

Principal Place of Business
6850 BELFORT OAKS PL
PO BOX 19309
JACKSONVILLE FL 32216
US

Mailing Address
6850 BELFORT OAKS PLACE
PO BOX 19309 ZIP 32245-9309
JACKSONVILLE FL 32216

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **05/19/1956**
3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-0779947** [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DALLAS,DELMER W.
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	DALLAS,DELMER		1.2 NAME	
STREET ADDRESS	8090 HUNTERS GROVE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VST	[X] DELETE	2.1 TITLE	Chief Financial Officer Treasurer/Sec. [ ] Change [X] Addition
NAME	SIMS, HARVEY C. III		2.2 NAME	Michael K. Diaz
STREET ADDRESS	2851 SCOTT CIRCLE		2.3 STREET ADDRESS	1644 Sea Oats Dr.
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32288
TITLE	VD	[X] DELETE	3.1 TITLE	Executive Vice President [ ] Change [X] Addition
NAME	KEOHANE, MICHAEL J.		3.2 NAME	John Watkins
STREET ADDRESS	7706 LAS PALMAS WAY		3.3 STREET ADDRESS	1101 Milton Hall Pl
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Charlotte, NC 28270
TITLE	VC	[X] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	JONES,TURNER L. III		4.2 NAME	
STREET ADDRESS	4302 ASHBY LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	P	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	CHARTRAND, GARY		5.2 NAME	
STREET ADDRESS	4575 OAK BAY DR., E.		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	DONOVAN, RHONDA		6.2 NAME	
STREET ADDRESS	9446 BEAUCLERK OAKS		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with an address.

SIGNATURE: Michael Diaz 1/22/96 (904) 281-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #