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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 193253 (2)
1. Corporation Name
ACOSTA SALES CO., INC.



Principal Place of Business: 6850 BELFORT OAKS PL, PO BOX 18309, JACKSONVILLE FL 32216 US
Mailing Address: 6850 BELFORT OAKS PLACE, PO BOX 18309 ZIP 32245-8309, JACKSONVILLE FL 32216-8241

3. Date Incorporated or Qualified: 05/19/1956
3a. Date of Last Report: 03/05/1996
4. FEI Number: 59-0779947
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip
30. Country

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: Michael K Diaz
82. Street Address (P.O. Box Number is Not Accepted): 6850 Belfort Oaks Place
83.
84. City: Jacksonville FL 85. Zip Code: 32216

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 is 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: *Michael K Diaz*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 4/21/97

12. OFFICERS AND DIRECTORS

TITLE	C	DELETE
NAME	DALLAS, DELMER	
STREET ADDRESS	8080 HUNTERS GROVE RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TSCF	DELETE
NAME	DIAZ, MICHAEL K.	
STREET ADDRESS	1644 SEA OATS DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	EVP	DELETE
NAME	WATKINS, JOHN	
STREET ADDRESS	1101 MILTON HALL PLAZA	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	P	DELETE
NAME	CHARTRAND, GARY	
STREET ADDRESS	4575 OAK BAY DR., E.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VP	DELETE
NAME	DONOVAN, RHONDA	
STREET ADDRESS	9446 BEAUCLERC OAKS	
CITY - ST - ZIP	JACKSONVILLE FL	
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	TSCF	Change	Addition
2.2 NAME	DIAZ, Michael K.		
2.3 STREET ADDRESS	1170 Seminole Road		
2.4 CITY - ST - ZIP	Atlantic Beach, FL 32033		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS	1101 MILTON HALL PLACE		
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS	405 Osprey Lookout Court		
4.4 CITY - ST - ZIP	Fontana Vedral Beach, FL 32082		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS	9446 Beauclerc Oaks Driv		
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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: *Michael K Diaz* (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/31/97 (904) 28-9800
Dystimic Printer #

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