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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 193253
1. Corporation Name
Acosta Sales Co., Inc.

Principal Place of Business Mailing Address
6750 Belfort Oaks Place Jacksonville, FL 32216 **same**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **5-19-56**

4. FEI Number **59-0779947** Applied For Not Applicable

5. Certificate of Status Desired **X 3** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent
**Michael K. Diaz
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 City
84 City

11. Pursuant to the provisions of Sections 607.0602 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 607.0608, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when not filing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary/Treasurer/CFO <input type="checkbox"/> DELETE Michael K. Diaz 1170 Seminole Rd. Atlantic Beach, FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Executive Vice Pres./Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Roger L. McClung 6850 Belfort Oaks Place Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP/Director <input type="checkbox"/> DELETE John Watkins 1101 Milton Hall Place Charlotte, NC	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert F. McCarthy Jr. Fox Waters Edge Oak Creek Center Lombard, IL 60147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> DELETE Grady Chartrand 405 Osprey Lookout Ct. Ponte Vedra Beach, FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Hill, Jr. 6850 Belfort Oaks Dr. Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Director <input checked="" type="checkbox"/> DELETE Rhonda Donovan 9446 Brander Oaks Dr. Jacksonville, FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary/Treasurer/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael K. Diaz 1170 Seminole Rd. Atlantic Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Watkins 1101 Milton Hall Place Charlotte, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 fees empowered.

SIGNATURE: *Michael K. Diaz*

CR27034 (11/98)