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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 309768

ACME INDUSTRIAL SHEET METAL INC

(0)

Mailing Address

FILED Feb 07 1997 8:00am Secretary of State



655 WEST 18TH STREET HIALEAH FL 33010		555 WEST 18TH STREET HIALEAH FL 33010-2420					
					3. Date Incorporated or Qualified 10/05/1966	3a. Date of Last 04/23/1996	Report
2. Principal P	lace of Busmoss	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			59-1151338	1	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt #, etc.	<u>├</u> ¬ ' '		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	6	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip			Counti	Country 8. This corporation has liability for intangible tax under s. 199		s. 199.032,	
24			30				
	9. Name and Address of (Current Registered Agent			10. Name and Address of New Reg	istered Agent	
	P, ALAN		8	Name			
555 W 18TH ST Hialeah Fl 33010				82 Street Address (P.O. Box Number is Not Acceptable)			
			8:	3			
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	ites, the abo	re-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing	its registered
agent ha	registered agent, or both, in the im familiar with, and accept the	obligations of, Section 607.0505, F	aumonzea d Iorida Statute	ny ine corpora PS.	ation's board or directors. I nereby accep	t the appointment a	is registered
SIGNATURE					•		
_ -	Signature: types or printed name of regist			ent signature requ	ired when reinstating)	DATE	
12.	, 	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
THUE	KARP, BEN	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	555 W 18TH ST		1.2 NAME				
STREET ADDRESS	HIALEAH, FL 00000			T ADDRESS	·		
CITY-ST-ZIP TITLE	PD	DELETE	1.4 CITY - 2.1 TITLE	····		☐ Change	Addition
NAME	KARP, ALAN		2.1 HILE 2.2 NAME			C Cusude	
STREET ADDRESS	555 W 18TH ST			T ADDRESS	•		
CITY-ST-7IP	HIALEAH, FL 00000		2.4 CITY				
TITLE	DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME		_	3.2 NAME				_
STREET ADDRESS				T ADDRESS			İ
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	<u> </u>		· ·	
STREET ADORESS			4.3 STREE	T ADDRESS			
CITY - S1 - ZIP			4.4 CITY -	ST-ZIP			
TITLE		DELETE	5.1 T (T (E	<u> </u>		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZIP		**************************************	5.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREE	T ADDRESS			
CITY ST-ZIP			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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 (205) 895-4903