

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # **357894**

(5)

1. Corporation Name

ACME RESEARCH, INC.

Principal Place of Business

**1818 SHERIDAN ST
HOLLYWOOD FL 33022-2065
US**

Mailing Address

**PO BOX 22-2065
HOLLYWOOD FL 33022-2065
US**



2. Principal Place of Business

21 1818 Sheridan St

State, Apt. #, etc.

22

City & State

23 Hollywood, Fl

Zip

24 33022-2065

Country

25 USA

2a. Mailing Address

26 P. O. Box 222065

Suite, Apt. #, etc.

27

City & State

28 Hollywood, Fl

Zip

29 33022-2065

Country

30 USA

3. Date Incorporated or Qualified

01/12/1970

3a. Date of Last Report

04/29/1996

4. FEI Number

59-1284758

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**PINTER, FRANK R.
2124 N. 14TH COURT
HOLLYWOOD FL 33020**

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

Signature type: a or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WEINS, JACK F**
STREET ADDRESS **2021 TYLER STREET**
CITY- ST- ZIP **HOLLYWOOD FL**

TITLE **D** ☐ DELETE

NAME **PINTER, JEFFREY P.**
STREET ADDRESS **2124 N 14TH COURT**
CITY- ST- ZIP **HOLLYWOOD FL**

TITLE **PO** ☐ DELETE

NAME **PINTER, FRANK J.**
STREET ADDRESS **2124 N 14TH COURT**
CITY- ST- ZIP **HOLLYWOOD FL**

TITLE **STD** ☐ DELETE

NAME **PINTER, GRACE V.**
STREET ADDRESS **2124 N 14TH CT**
CITY- ST- ZIP **HOLLYWOOD FL**

TITLE **DV** ☐ DELETE

NAME **PINTER, FRANK R**
STREET ADDRESS **2124 N 14TH CT**
CITY- ST- ZIP **HOLLYWOOD FL**

TITLE **DAST** ☐ DELETE

NAME **STALCUP, LONNA S**
STREET ADDRESS **2124 N 14TH COURT**
CITY- ST- ZIP **HOLLYWOOD FL**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

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:

Grace V. Pinter

Feb. 27, 1997

954-925-4480

By: **Grace V. Pinter, Secy/Treas**

Date

Daytime Phone #

0168769

CR2E034 (9/96)