

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

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **409352** (2)  
1. Corporation Name  
**A C I C INVESTMENT CORP.**

Principal Place of Business <b>8204 GONDOLA DRIVE ORLANDO FL 32809</b>	Mailing Address <b>8204 GONDOLA DRIVE ORLANDO FL 32809</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1972</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1416193</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>CHIN, WING Y. 8204 GONDOLA DRIVE ORLANDO FL 32809</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	<input type="checkbox"/> DELETE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	CHIN, WING Y.							1.2 NAME							
STREET ADDRESS	8204 GONDOLA DRIVE							1.3 STREET ADDRESS							
CITY - ST - ZIP	ORLANDO FL							1.4 CITY - ST - ZIP							
TITLE	VSD	<input type="checkbox"/> DELETE						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	RABOY, BERNARD							2.2 NAME							
STREET ADDRESS	1725 GERTRUDE PLACE							2.3 STREET ADDRESS							
CITY - ST - ZIP	MT. DORA FL							2.4 CITY - ST - ZIP							
TITLE	TD	<input type="checkbox"/> DELETE						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	TSCHEPFINGER, WILLIAM E.							3.2 NAME							
STREET ADDRESS	784 ANTONETTE AVE							3.3 STREET ADDRESS							
CITY - ST - ZIP	WINTER PARK FL							3.4 CITY - ST - ZIP							
TITLE		<input type="checkbox"/> DELETE						4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY - ST - ZIP								4.4 CITY - ST - ZIP							
TITLE		<input type="checkbox"/> DELETE						5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY - ST - ZIP								5.4 CITY - ST - ZIP							
TITLE		<input type="checkbox"/> DELETE						6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY - ST - ZIP								6.4 CITY - ST - ZIP							

14. I 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: *William E. Tscherfing* **William E. Tscherfing**  
4-15-98 (407)644-4088

CR2E034 (10/97)