

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montmart
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

SE MAY -1 PM 2:17

DOCUMENT # 432691

(4)

To: Corporation Name

ACE HANDIMAN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2300 S. WASHINGTON AVE.
TITUSVILLE FL 32780**
Mailing Address: **2300 S. WASHINGTON AVE.
TITUSVILLE FL 32780**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or latest): **08/13/1973** 3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (continued)	2b. Mailing Address (continued)	4. FEI Number: 59-1490025	Applied For: ☐ Not Applicable: ☐
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired: ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing: ☐	\$5.00 May Be Added to Fees
23. City & State	28. City & State	7. This corporation has liability for intangible tax under S. 190.05, Florida Statutes: ☒ Yes ☐ No	
24. City	25. State	29. City	30. State

9. Name and Address of Current Registered Agent

**PASTERMACK, ROLAND
64 FAIRGLEN DR
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.05(6) and 607.15(8), 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 607.05(6), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
12.1 NAME: D PASTERMACK, ROLAND	12.2 STREET ADDRESS: 64 FAIRGLEN DR TITUSVILLE FL	13.1 NAME	☐ Change ☐ Addition
12.3 CITY & STATE: TITUSVILLE FL	12.4 CITY & STATE: TITUSVILLE FL	13.2 STREET ADDRESS	☐ Change ☐ Addition
12.5 NAME: V NICHOLS, JOANN	12.6 STREET ADDRESS: 581 CAPRI ROAD COCOA BEACH FL	13.3 NAME	☐ Change ☐ Addition
12.7 NAME: PST PASTERMACK, GLORIA	12.8 STREET ADDRESS: 64 FAIRGLEN DR TITUSVILLE FL	13.4 STREET ADDRESS	☐ Change ☐ Addition
12.9 NAME: V PASTERMACK, ROBERT	12.10 STREET ADDRESS: 4126 LAKE MYRA DRIVE ORLANDO FL	13.5 NAME	☐ Change ☐ Addition
12.11 NAME: V PASTERMACK, WILLIAM	12.12 STREET ADDRESS: 5445 S TROPICAL TRAIL MERRITT ISL FL	13.6 STREET ADDRESS	☐ Change ☐ Addition
12.13 NAME	12.14 STREET ADDRESS	13.7 NAME	☐ Change ☐ Addition
12.15 NAME	12.16 STREET ADDRESS	13.8 STREET ADDRESS	☐ Change ☐ Addition
12.17 NAME	12.18 STREET ADDRESS	13.9 NAME	☐ Change ☐ Addition
12.19 NAME	12.20 STREET ADDRESS	13.10 STREET ADDRESS	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the foregoing as stated in Section 190.05(6), Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report of this corporation and that my signature is not subject to the same legal effect as if my signature appeared on the annual report of the corporation or the request or notice incorporated therein into this report as required by Chapter 260, Florida Statutes, and that my name appears in Block 12 on Block 13 of this report or is actually printed with my address.

SIGNATURE:

Bill Pastermack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BILL PASTERMACK

4-28-95 407-267-1030