

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 432691 (4)

1. Corporation Name

ACE HANDIMAN, INC.

Principal Place of Business

2300 S. WASHINGTON AVE.  
TITUSVILLE FL 32780

Mailing Address

2300 S. WASHINGTON AVE.  
TITUSVILLE FL 32780



3. Date Incorporated or Qualified  
08/13/1973

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1490025

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASTERMACK, ROLAND  
64 FAIRGLEN DR  
TITUSVILLE FL 32796

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | PASTERMACK, ROLAND    |                                 |
| STREET ADDRESS | 64 FAIRGLEN DR        |                                 |
| CITY-ST-ZIP    | TITUSVILLE FL         |                                 |
| TITLE          | V                     | <input type="checkbox"/> DELETE |
| NAME           | NICHOLS, JOANN        |                                 |
| STREET ADDRESS | 581 CAPRI ROAD        |                                 |
| CITY-ST-ZIP    | COCOA BEACH FL        |                                 |
| TITLE          | PST                   | <input type="checkbox"/> DELETE |
| NAME           | PASTERMACK, GLORIA    |                                 |
| STREET ADDRESS | 64 FAIRGLEN DR        |                                 |
| CITY-ST-ZIP    | TITUSVILLE FL         |                                 |
| TITLE          | V                     | <input type="checkbox"/> DELETE |
| NAME           | PASTERMACK, ROBERT    |                                 |
| STREET ADDRESS | 4128 LAKE MYRA DRIVE  |                                 |
| CITY-ST-ZIP    | ORLANDO FL            |                                 |
| TITLE          | V                     | <input type="checkbox"/> DELETE |
| NAME           | PASTERMACK, WILLIAM   |                                 |
| STREET ADDRESS | 5445 S TROPICAL TRAIL |                                 |
| CITY-ST-ZIP    | MERRITT ISL. FL       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bill Pasternack 4-17-96 407-267-1030

CR2E034 (12/95)