FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2300 S. WASHINGTON AVE. TITUSVILLE FL 32780	2300 S. WASHINGTON AVE. TITUSVILLE FL 32780-4705

3. Date Incorporated or Qualified: 08/13/1973
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1490025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

PASTERMACK, ROLAND
64 FAIRGLEN DR
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name: GLORIA PASTERMACK
82 Street Address (P.O. Box Number is Not Acceptable): 64 FAIRGLEN DR.
83
84 City: TITUSVILLE FL 85 Zip Code: 32796

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: X Gloria Pastermack — Gloria Pastermack — X May 1, 1997
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	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PASTERMACK, ROLAND		1.2 NAME		
STREET ADDRESS	64 FAIRGLEN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, JOANN		2.2 NAME		
STREET ADDRESS	581 CAPRI ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		2.4 CITY-ST-ZIP		
TITLE	PST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PASTERMACK, GLORIA		3.2 NAME		
STREET ADDRESS	64 FAIRGLEN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PASTERMACK, ROBERT		4.2 NAME		
STREET ADDRESS	4126 LAKE MYRA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PASTERMACK, WILLIAM		5.2 NAME		
STREET ADDRESS	5445 S TROPICAL TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISL. FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: X Gloria Pastermack — Gloria Pastermack — X Gloria Pastermack — 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #