
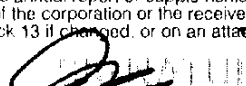


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 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 # 671306 (9)			
1. Corporation Name ACROVEST CORPORATION			
Principal Place of Business 640 NW 73 TERRACE PLANTATION FL 33317 US		Mailing Address 640 NW 73 TERRACE PLANTATION FL 33317-1028 US	
2. Principal Place of Business 21 7139 CRYSTAL LAKE DRIVE Suite, Apt. #, etc.		2a. Mailing Address 21 7139 CRYSTAL LAKE DRIVE Suite, Apt. #, etc.	
22 City & State 23 WEST PALM BEACH, FL		22 City & State 23 WEST PALM BEACH, FL	
24 Zip 25 33411 Country 25 USA		24 Zip 25 33411 Country 25 USA	
9. Name and Address of Current Registered Agent SIMPSON, JACK B 640 NW 73 TERRACE PLANTATION FL 33317 7139 CRYSTAL LAKE DRIVE WEST PALM BEACH, FL 33411			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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 S. printed, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PT <input type="checkbox"/> DELETE NAME SIMPSON, JACK B. STREET ADDRESS 640 NW 73 TERRACE 7139 CRYSTAL LAKE DRIVE CITY-ST-ZIP PLANTATION FL 33317 WEST PALM BEACH, FL 33411 TITLE VS <input type="checkbox"/> DELETE NAME SIMPSON, WINONA C STREET ADDRESS 640 NW 73 TERRACE 7139 CRYSTAL LAKE DRIVE CITY-ST-ZIP PLANTATION FL 33317 WEST PALM BEACH, FL 33411 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 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 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:  April 18, 1997 687-3377 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)