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 # **F15935** **(2)**

1. Corporation Name

ACME CHUTE COMPANY, INC.

Principal Place of Business

614 NW 3RD AVENUE
FORT LAUDERDALE FL 33311

Mailing Address

614 NW 3RD AVENUE
FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: **01/23/1981**

3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2126996** ☐ 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

HABERLAND, CARL
5341 SW 6TH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TYPE	T	☐ DELETE	1 TITLE	P/T	☒ Change ☐ Addition
NAME	HABERLAND, CARL		1 2 NAME		
STREET ADDRESS	5341 SW 6TH ST		1 3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1 4 CITY-ST-ZIP		
TYPE	VP	☒ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	HABERLAND, CARL		2 2 NAME		
STREET ADDRESS	5341 SW 6 ST.		2 3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2 4 CITY-ST-ZIP		
TYPE	P	☒ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	SCHIOWITZ, MORTON		3 2 NAME		
STREET ADDRESS	3051 N. COURSE DR.		3 3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3 4 CITY-ST-ZIP		
TYPE	S	☒ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	SCHIOWITZ, MORTON		4 2 NAME		
STREET ADDRESS	3051 N COURSE DR.		4 3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		4 4 CITY-ST-ZIP		
TYPE	VP	☐ DELETE	5 1 TITLE	VP	☐ Change ☒ Addition
NAME			5 2 NAME	Avram, Peter	
STREET ADDRESS			5 3 STREET ADDRESS	311 N.W. 197 Avenue	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TYPE		☐ 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 (12/95)

14. I am 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)(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: _____ 2-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(954) 764-1166
Daytime Phone #