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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F45112

(2)

ACM ENTERPRISES, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1253 U.S. 27TH SOUTH 1253 U.S. 27TH SOUTH SEBRING FL 33870 SEBRING FL 33870 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2148357 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name METZGER, A.C. 1253 U.S. 27TH, SOUTH Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 83 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE METZGER, A C NAME 1.2 NAME

3902 CORMORANT POINT DR STREET ADDRESS 1.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE METZGER, A C JR NAME 2.2 NAME 1253 US 27 S STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE METZGER, ANNITA NAME 3.2 NAME 3902 CORMORANT PT DR STREET AODRESS 3.3 STREET ADDRESS SEBRING FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 13 if chapted, or on an attachment with an address.

SIGNATURE:

E BEM ONE

1/13/98

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