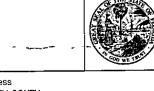
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F45112 **DOCUMENT #**

1. Entity Name

ACM ENTERPRISES, INC.

SIGNATURE:



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90207 025 ***150.00

Daytime Phone #

			1	OD WE THE
Principal Place of Business 1743 U.S. 27TH SOUTH SEBRING FL 33970		Mailing Address 1743 U.S. 27TH SOUT SEBRING FL 33870	н	
2. Principal Pl	ace of Business	3. Mailing Address		T (08)/00 JHJ 01001 BJD1 BJD1 JHD1 JHD1 BJD1 BJD1 BJD1 BJD1 BJD1 BJD1 BJD1 BJ
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	9	City & State	<u> </u>	4. FEI Number 59-2148357 Applied For
<u> </u>				Not Applicable
Zip	Country	Zip ,	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
	27TH, SOUTH		Name Street	METZGER, A.C., JR. et Address (P.O. Box Number is Not Acceptable)
SEBRING	FL 336/U		City	FL Zip Code
				be or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent. Signature, typed or printed name of registered agent.			signature required when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen	00 t of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP METZGER, A C 1743 US 27 S SEBRING FL 33870	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV METZGER, A C JR 1743 US 27 S SEBRING FL 33870	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Change Addition
12. I hereby indicated	L certify that the information supplied on this report or supplemental rep rporation or the receiver or trustee on the receiver or trustee or the receiver or the receiver or the receiver or trustee or the receiver or the receiver or trustee or the receiver or the receiver or trustee or the	on is true and accurate and	enort as required by C	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that have the same legal effect as if made under oath; that I am an officer or director y Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if