SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002201 (0)**

1. Corporation Name
ACP VENTURE CORP.

Principal Place of Business	Mailing Address
200 E. ROBINSON STREET. STE 900 ORLANDO FL 32801	200 E. ROBINSON STREET. STE 900 ORLANDO FL 32801

3. Date Incorporated or Qualified: 05/04/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1035 S. Semoran Blvd.	26 1035 S. Semoran Blvd.
Suite, Apt. #, etc. 22 Suite 1007	Suite, Apt. #, etc. 27 Suite 1007
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip: 24 32792 Country: 25 US	Zip: 29 32792 Country: 30 US

4. FEI Number: APPLIED FOR ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: ~~JAMES R HEISTAND~~
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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
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		
TITLE	PCD	☐ DELETE	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	STERNLICHT, BARRY S		1.2 NAME	Sternlicht, Barry S.	
STREET ADDRESS	200 E. ROBINSON STREET, STE 900		1.3 STREET ADDRESS	1035 S. Semoran Blvd., Suit 1007	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HEISTAND, JAMES R		2.2 NAME	Heistand, James R.	
STREET ADDRESS	200 E. ROBINSON STREET, STE 900		2.3 STREET ADDRESS	1035 S. Semoran Blvd., Suite 1007	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	OLAZZARA, ALLEN C		3.2 NAME	de Olazarra, Allen C	
STREET ADDRESS	1800 ELLER DRIVE, STE 500		3.3 STREET ADDRESS	3900 Wood Ave.	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	VST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BABB III, JAMES G		4.2 NAME		
STREET ADDRESS	THREE PICKWICK PLAZA		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHANNES, DALE		5.2 NAME	Johannes, Dale	
STREET ADDRESS	200 E. ROBINSON STREET, STE 900		5.3 STREET ADDRESS	1035 S. Semoran Blvd., Suite 1007	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Winter Park, FL 32792	
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 (3/96)

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ James R. Heistand, V.P. 8-5-96 (407) 673-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #