

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

FILED

Jan 29 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 # F95000005338 (7)

1. Corporation Name
ACMC REALTY, INC.



Principal Place of Business

26541 AGOURA ROAD
SUITE 100
CALABASAS CA 91302

Mailing Address

26541 AGOURA ROAD
SUITE 100
CALABASAS CA 91302-1993

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

95-4537645

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

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, HOWARD J	
STREET ADDRESS	26541 AGOURA ROAD, STE 100	
CITY-ST-ZIP	CALABASAS CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WHITE, TIMOTHY L	
STREET ADDRESS	26541 AGOURA ROAD, STE 100	
CITY-ST-ZIP	CALABASAS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSE, HAROLD C	
STREET ADDRESS	26541 AGOURA ROAD, STE 100	
CITY-ST-ZIP	CALABASAS CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BEATTY, JEFFREY	
STREET ADDRESS	51-53 NEWARK STREET	
CITY-ST-ZIP	HOBOKEN NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GESSERT, PETER	
STREET ADDRESS	26541 AGOURA ROAD, STE 100	
CITY-ST-ZIP	CALABASAS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, NEIL	
STREET ADDRESS	220 WEST HURON, STE 500 WEST	
CITY-ST-ZIP	CHICAGO IL	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	DONNA KIGER
4.4 CITY-ST-ZIP	26541 AGOURA ROAD, STE 100
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CALABASAS CA 91302
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:

Donna Kiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 (818) 880-3300
Date Daytime Phone #

CP2E034 (9/96)