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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H38758

(9)

Mailing Address

ACP ENTERPRISES, INC.

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

14. I do hereby certify that the information information indicated on this arrival relation of the open appears in Block 12 or Block [3] illicht

CITY-ST-ZIP

TITLE

NAME

## FILED May 20 1997 8:00am Secretary of State

Change

Addition

2061 LAGUNA 1 NAPLES FL 331		PO BOX 10142 NAPLES FL 34101-0142 US	NAPLES FL 34101-0142					
				01/21/1985 03/08		e of Last Report <b>3/1996</b>		
	Place of Business	2a. Mailing Address	····1				Applied For	
21		26		59-2538805	Not Applicable			
Sulte, Apt.	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be				
23		28	<b>├──┼</b> ┈┈╌╌╌╴╴┄╴╸ <del></del>		Trust Fund Contribution			
Zip	<u> </u>		Country		8. This corporation has liability for intangible tax under s 199.032,			
24	25 29 30		30		Florida Statutes Yes No			
	9, Name and Address of Curri	ent Registered Agent			10. Name and Address of New Reg	distered Agent		
	LICK, ANDREW C.		81	Name				
2061 LAGUNA WAY				Street Add	Idress (P.O. Box Number is Not Acceptable)			
NAPLES FL 33942					The state of the s			
			83					
			84	City		85	Zip Code	
				Oity		FŁ 🏻	zip Code	
office or i agent. I a SIGNATURE	registered agent, or both, in the Staten familiar with, and accept the obli-	gations of, Section 607.0505, Fli	orida Statules	S.	poration submits this statement for the pi tion's board of directors. I hereby accep	t the appointm	ont as registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PD	DELETE	1.1 11111			□ c		
NAME	PAVLICK, ANDREW C. 1.		1.2 NAME		• •			
STREET ADDRESS	2061 LAGUNA WAY		1.3 STREET ADDRESS					
CITY-ST-ZIP NAPLES FL 33942			1.4 CHY-ST- ZIP					
TITLE			21,1011		•	• 🗆 C	hange Addition	
NAME	22		22 <sup>i</sup> NAME					
STREET ADDRESS	IRESS 23		23 STREET	ADDRESS				
CITY-ST-ZIP			2 4 CITY-5	ST - ZIP	•			
TITLE		☐ DELETE	3 1, TITLE			C	hange	
NAME			3.2]NAME		•	•		
STREET ADDRESS	DRESS 3.3		3.3 STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4, CITY-S	51 - ZIP				
TITLE		DELFTE	4.1,70LE			C	hange	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 City-S					
TITLE			5.1 TITLE	1 611		T] c	nange Addition	
			1	I			y	

5.3 STREET ADDRESS

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ratio or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ingell or on an attachment with an address.

5.4 CITY - \$1 - 20P

6.1 T(1) F

6.2]NAME

DELETE