FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J69836 (1)

1. Corporation Name
ACQUISITION CONSULTANT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK ROAD STE. 503 BOCA RATON FL 33433 US	7000 W. PALMETTO PARK ROAD STE. 503 BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7200 GRIFFIN RD. SUITE 4	26 7200 GRIFFIN RD
Suite, Apt. #, etc. 22 SUITE 4	Suite, Apt. #, etc. 27 SUITE 4
City & State 23 DAVIE, FL.	City & State 28 DAVIE, FL
Zip / Country 24 33314 / 25 USA	Zip / Country 29 33314 / 30 USA

4. FEI Number: 59-2816477 ☐ 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

CLODFELTER, JAMES RAY
7000 W. PALMETTO PARK ROAD
STE. 503
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: JAMES RAY CLODFELTER
82 Street Address (P.O. Box Number is Not Acceptable): 7200 GRIFFIN ROAD
83: SUITE 4
84 City: DAVIE FL 85 Zip Code: 33314

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: JAMES RAY CLODFELTER, PRESIDENT 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1.1 TITLE	PSD	☒ Change ☐ Addition
NAME	CLODFELTER, JAMES R	1.2 NAME	JAMES RAY CLODFELTER	
STREET ADDRESS	7000 W. PALMETTO PARK ROAD, STE. 503	1.3 STREET ADDRESS	7200 GRIFFIN RD SUITE 4	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: JAMES RAY CLODFELTER 4/25/95 (305) 792-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0261463 CP