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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J69836 (1)

1. Corporation Name

ACQUISITION CONSULTANT ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**7200 GRIFFIN RD
SUITE 4
DAVIE FL 33314
US**

**7200 GRIFFIN RD
SUITE 4
DAVIE FL 33314
US**

3. Date Incorporated or Qualified
04/28/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **4614 SW 64TH AVE**

26 **4614 SW 64TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **DAVIE FL**

28 **DAVIE FL**

Zip

Country

Zip

Country

24 **33314**

25 **USA**

29 **33314**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLODFELTER, JAMES RAY
7200 GRIFFIN ROAD
SUITE 4
DAVIE FL 33314**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4614 SW 64TH AVE

83

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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the incorporator

JAMES RAY CLODFELTER

(If filer, Registered Agent signature required when registering)

4/25/96

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE
NAME **CLODFELTER, JAMES R**
STREET ADDRESS **7200 GRIFFIN RD, SUITE 4**
CITY-ST-ZIP **DAVIE FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**4614 SW 64TH AVE
DAVIE, FL 33314**

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

TITLE ☐ DELETE

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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 its officer 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, on an attached sheet with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES RAY CLODFELTER 4/25/96 (305) 92-8999

Date

Signature Printing #

CR2E034 (12/95)