

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J85862 (7)
1. Corporation Name
ACORE, INC.

Principal Place of Business
3335 N. MAIN TERRACE
P. O. BOX 2081
GAINESVILLE FL 32609

Mailing Address
3335 N. MAIN TERRACE
P. O. BOX 2081
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2864224	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMPSON, JOYCE C. 3335 N. MAIN TERRACE GAINESVILLE FL 32609		10. Name and Address of New Registered Agent	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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, 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	D	1.1 TITLE	Vice President
NAME	THOMPSON, JOYCE C.	1.2 NAME	Michael M. Kotlar
STREET ADDRESS	RT 5 BOX 7079	1.3 STREET ADDRESS	1601 N.W. 94th St
CITY-ST-ZIP	STARKE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	D	2.1 TITLE	Vice President
NAME	THOMPSON, LINDA J.D.	2.2 NAME	John W. Strickland
STREET ADDRESS	154 PELICAN REEF DRIVE	2.3 STREET ADDRESS	7618 N.W. 36th Ave
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	Gainesville, Florida 32606
TITLE	D	3.1 TITLE	Vice President
NAME	THOMPSON, DONALD R.	3.2 NAME	MARK T HUEM
STREET ADDRESS	RT 5 BOX 7079	3.3 STREET ADDRESS	1404 N.W. 99th Terrace
CITY-ST-ZIP	STARKE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	D	4.1 TITLE	
NAME	THOMPSON, WILLIAM D.	4.2 NAME	
STREET ADDRESS	154 PELICAN REEF DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Joyce C. Thompson

4-14-98

352-378-0712

CR2E034 (10/97)